Form 8879-TF

For

IRS e-file Signature Authorization for a Tax Exempt Entity

calendar year 2022, or fiscal year beginning	, 2022, and ending	, 20

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service Name of filer EIN or SSN 20-5050267 AVAAZ FOUNDATION ANDREW WANDER Name and title of officer or person subject to tax ACTING CEO Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) ______ 1b 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) Form 8868 check here 5a Form 990-T check here **b Total tax** (Form 990-T, Part III, line 4) 6a 6b 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 8a Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8b Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9a 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name and that I have examined a copy of the , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize GRANT THORNTON LLP 01136 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. 11/8/2023 **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 13686736605 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. 11/8/2023 ERO's signature **ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So Form **8879-TE** (2022)

202521 12-16-22

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **990**

Return of Organization Exempt From Income Tax

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

NEW YORK, NY 10003	According Acco	A F	or the	2022 calendar year, or tax year beginning	and	ending						
Name	Doing business as Doing business Doing business as Doing business Doing busi			C Name of organization			D Employer iden	tific	ation number			
Compare Comp	Doing Duniness as Number and street (of P.0. box if mail is not delivered to street address) Room/suite E Telephone number \$17.388.3988 \$27,925,256, \$38.3988 \$27,925,256, \$38.3988 \$27,925,256, \$38.3988 \$27,925,256, \$38.3988 \$27,925,256, \$38.3988 \$27,925,256, \$38.3988 \$38.3988 \$38.3988 \$38.2988 \$38.2988 \$38.2988 \$38.2988 \$38.2988 \$38.2988 \$38.2988 \$38.2988 \$38.2988 \$38.2988 \$38.2988 \$39.1098 \$39.2988 \$39.2											
Priesturn Prie	Number and steet (of P.J. 0x of I mail is not deviewed to street address) Hoodwald		_change	Doing business as			20-50502	67				
City or town, state or province, country, and ZIP or foreign postal code Refundable Refundab	Signature City or town, state or province, country, and ZIP or foreign postal code G G G Constructions G G Constructions G C		_return]Final	· ·	1							
NEW YORK, NY 10003	New York SEW YORK, NY 10003		termin ated	City or town, state or province, country, and Z	IP or foreign postal code		G Gross receipts \$		27,925,296.			
Formiding Form	No. Tax-exempt status: SUI(x) X SOII(x) X SO		Amend	load , , , , , , , , , , , , , , , , , , ,				p ret				
Taxexempt status: 501(c)(3) X 501(c) 4 (insert no.) 4947(a)(1) or 527 If "No." attach a list. See instructions H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2006 M State of legal domicile: DI Part Summary 1 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. 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 3 3 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5 3 3 5 Total number of volunteers (estimate if necessary) 6 10 10 7 a Total unrelated business revenue from Part VIII, column (O), line 12 7 7 7 7 7 7 8 Contributions and grants (Part VIII, line 1b) 9 Program service revenue (Part VIII, line 2g) 0 0 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,568 -8,809 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -177, 044 -111, 452 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 26,943,699 27,440,108 13 Grants and similar amounts paid (Part IX, column (A), line 4) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,391,141 7,081,214 16 Professional fundraising fees (Part IX, column (A), line 25) 1,644,532 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Total expenses (Part IX, column (A), line 11e, 11e, 11f-24e 11,053,788 12,046,136 12,046,136 12,046,136 12,046,136 12,046,136 12,046,136 12,046,136 12,046,136 12,046,136 12,046,136 12,046,136 12,04	Tax exempt status		Application	F Name and address of principal officer. AND NEW	W WANDER		7	-				
Website: WWW.AVAAZ.ORG	New Notation New		pendin				H(b) Are all subordinat	tes inc	luded? Yes No			
Part Summary	Part Summary	I T	ax-exe	empt status: 501(c)(3) X 501(c) (4)	(insert no.) 4947(a)(1)	or 527	If "No," attac	h a li	ist. See instructions			
Part Summary 1 Biriefly 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. 2 Check this box	Part Summary	J۷	/ebsit	e: WWW.AVAAZ.ORG			H(c) Group exemp	otion	number			
Program service revenue (Part VIII, line 1h) 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue - add lines 8 through 11 (must equal Part IX, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compenses (Part IX, column (A), line 4) 16 Total fundraising expenses (Part IX, column (A), line 14) 17 Other expenses (Part IX, column (A), line 14) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10 Investments. 11 Other expenses (Part IX, column (A), line 25) 12 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 14 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 15 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 16 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 17 Other expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29 Program service revenue (Part IX, column (A), line 25) 29 Program service revenue (Part IX, column (A), line 24) 20 Prior Year 21 Ournet Year 22 Check this box 3 Number of volunteers of the governing body (Part VI, line 1a) 3 Christophic for the posterious of the governing body (Part VI, line 1a) 3 Prior Year 4 Number of volunteers estimate in excessary) 5 Other expenses (Part IX, column (A), lines 11a. 11a, 11a. 11a. 11a. 11a. 11a. 11a.	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. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3				ociation Other	L Year	of formation: 2006	М	State of legal domicile: DE			
WORLD WE HAVE AND THE WORLD MOST PEOPLE EVERYWHERE WANT. 2 Check this box	WORLD WE HAVE AND THE WORLD MOST PEOPLE EVERYWHERE WANT.			-	significant activities: TO CLO	SE THE G	AP BETWEEN THE					
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7 b Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7 column (A), lines 1-10, 644, 532. 17 Other expenses (Part IX, column (A), line 25) 1 column (A), lines 25) 1 column (A), lines 25) 1 column (A), lines 25) 2 column (A), lines 25) 3 column (A), lines 25) 4 column (A), lines 25 4 column (A), lines 25 4 column (A), lines 25 4 column (A),	S Total number of individuals employed in calendar year 2022 (Part V, line 2a) S 37 37 37 37 37 37 37	ချွ										
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7 b Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7 column (A), lines 1-10, 644, 532. 17 Other expenses (Part IX, column (A), line 25) 1 column (A), lines 25) 1 column (A), lines 25) 1 column (A), lines 25) 2 column (A), lines 25) 3 column (A), lines 25) 4 column (A), lines 25 4 column (A), lines 25 4 column (A), lines 25 4 column (A),	S Total number of individuals employed in calendar year 2022 (Part V, line 2a) S 37 37 37 37 37 37 37	ıa.	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net	asse	ets.			
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7 b Current Year 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7 column (A), lines 1-10, 644, 532. 17 Other expenses (Part IX, column (A), line 25) 1 column (A), lines 25) 1 column (A), lines 25) 1 column (A), lines 25) 2 column (A), lines 25) 3 column (A), lines 25) 4 column (A), lines 25 4 column (A), lines 25 4 column (A), lines 25 4 column (A),	S Total number of individuals employed in calendar year 2022 (Part V, line 2a) S 37 37 37 37 37 37 37	ĕ	3	Number of voting members of the governing body (F	Part VI, line 1a)			3	8			
5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), line 5-10) 16 Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29 ,790,277. 26 ,665,591	S Total number of individuals employed in calendar year 2022 (Part V, line 2a) S G Total number of volunteers (lestimate if necessary)		4	Number of independent voting members of the gove			F	4	6			
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	B Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year 27,122,311. 27,559,369. 27,122,311. 27,559,369. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	တ္မ					F	5	37			
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	B Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year 27,122,311. 27,559,369. 27,122,311. 27,559,369. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	ij	6	Total number of volunteers (estimate if necessary)				6	100			
Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year	B Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year Current Year Current Year 27,122,311. 27,559,369. 27,122,311. 27,559,369. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	ۇ						7a	0.			
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 16b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 27,122,311. 27,559,369 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	8		b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			7b	0.			
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 16b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29 ,790,277. 26 ,665,591	Program service revenue (Part VIII, line 2g)											
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Total fundraising expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12 Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26, 943, 699. 27, 440, 108. 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 11, 345, 348. 7,538, 241. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 7, 391, 141. 7, 081, 214. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 1,644,532. 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,053,788. 12,046,136. 18 Total expenses (Part IX, column (A), line 12) 29,790,277. 26,665,591. 19 Revenue less expenses. Subtract line 18 from line 12 2,846,578. 774,517. 19 Revenue less expenses. Subtract line 18 from line 12 22,570,338. 23,343,500. 20 Total liabilities (Part X, line 16) 22,570,338. 23,343,500. 21 Total liabilities (Part X, line 26) 1,596,848. 2,439,246. 22 Net assets or fund balances. Subtract line 21 from line 20 20,973,490. 20,904,254. 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.	<u>o</u>	8	Contributions and grants (Part VIII, line 1h)			· · · · · ·	-	· · · · · · · · · · · · · · · · · · ·			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Total fundraising expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12 Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26, 943, 699. 27, 440, 108. 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 11, 345, 348. 7,538, 241. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 7, 391, 141. 7, 081, 214. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 1,644,532. 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,053,788. 12,046,136. 18 Total expenses (Part IX, column (A), line 12) 29,790,277. 26,665,591. 19 Revenue less expenses. Subtract line 18 from line 12 2,846,578. 774,517. 19 Revenue less expenses. Subtract line 18 from line 12 22,570,338. 23,343,500. 20 Total liabilities (Part X, line 16) 22,570,338. 23,343,500. 21 Total liabilities (Part X, line 26) 1,596,848. 2,439,246. 22 Net assets or fund balances. Subtract line 21 from line 20 20,973,490. 20,904,254. 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.	en en										
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Total fundraising expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 20 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 21 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 25 Total fundraising expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12 Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 26, 943, 699. 27, 440, 108. 13 Grants and similar amounts paid (Part IX, column (A), lines 1:3) 11, 345, 348. 7,538, 241. 14 Benefits paid to or for members (Part IX, column (A), lines 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5:10) 7, 391, 141. 7, 081, 214. 16 Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (D), line 25) 1,644,532. 18 Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,053,788. 12,046,136. 18 Total expenses (Part IX, column (A), line 12) 29,790,277. 26,665,591. 19 Revenue less expenses. Subtract line 18 from line 12 2,846,578. 774,517. 19 Revenue less expenses. Subtract line 18 from line 12 22,570,338. 23,343,500. 20 Total liabilities (Part X, line 16) 22,570,338. 23,343,500. 21 Total liabilities (Part X, line 26) 1,596,848. 2,439,246. 22 Net assets or fund balances. Subtract line 21 from line 20 20,973,490. 20,904,254. 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.	ě						-	·			
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 11 , 345 , 348 . 7 , 538 , 241	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_						-				
14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 O. 10 O. 10 O. 11,091,141. 11,053,788. 12,046,136. 29,790,277. 26,665,591	14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundraising expenses (Part IX, column (D), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20 Total assets 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. Print/Type preparer's name SCOTT THOMPSETT Preparer Preparer Preparer's signature Primty's name Preparer's signature Primty's name Preparer's signature Primty's name Primty's	-						_				
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,391,141. 7,081,214 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0 17 Total fundraising expenses (Part IX, column (D), line 25) 1,644,532. 11,053,788. 12,046,136 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,790,277. 26,665,591	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 7,391,141. 7,081,214. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 20,973,490. 20,973,490. 20,904,254. 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. Sign Signature of officer ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Preparer Firm's name GRANT THORNTON LLP Firm's lin 36-6055558											
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0 b Total fundraising expenses (Part IX, column (D), line 25) 1,644,532. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,053,788. 12,046,136 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,790,277. 26,665,591	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 0. 0. 0. 1. 0. 0											
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,790,277. 26,665,591	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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 ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Firm's name GRANT THORNTON LLP Firm's name Firm's name GRANT THORNTON LLP Firm's line 25) 29,790, 277. 26,665,591. 29,790, 277. 26,665,591. 29,790, 277. 26,665,591. 20,26,665,591. 20,2770, 338. 23,343,500. 22,570,338. 23,343,500. 22,973,490. 20,904,254. 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 Date Print/Type preparer's name SCOTT THOMPSETT Firm's name GRANT THORNTON LLP Firm's signature And Firm's signature Firm's signature Firm's signature Firm's signature And Firm's signature Firm's signature Firm's signature Firm's signature Firm's signature	ses					_					
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,790,277. 26,665,591	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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 ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Firm's name GRANT THORNTON LLP Firm's name Firm's name GRANT THORNTON LLP Firm's line 25) 29,790, 277. 26,665,591. 29,790, 277. 26,665,591. 29,790, 277. 26,665,591. 20,26,665,591. 20,2770, 338. 23,343,500. 22,570,338. 23,343,500. 22,973,490. 20,904,254. 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 Date Print/Type preparer's name SCOTT THOMPSETT Firm's name GRANT THORNTON LLP Firm's signature And Firm's signature Firm's signature Firm's signature Firm's signature And Firm's signature Firm's signature Firm's signature Firm's signature Firm's signature	ë						-	<u> </u>			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 29,790,277. 26,665,591	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 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 ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Firm's name GRANT THORNTON LLP Preparer Firm's name GRANT THORNTON LLP Print/Type Interval (A), line 25) 29, 790, 277. 26, 665, 591. 29, 790, 277. 26, 665, 591. 20, 2446, 578. 774, 517. End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year End of Year 20, 973, 490. 20, 904, 254. 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 ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Firm's name GRANT THORNTON LLP Firm's Ell Andrew Print/Type are parer's signature Beginning of Current Year End of Year End of Year Date 1,596,848. 2,439,246. 20,973,490. 20,973,490. 20,973,490. 20,973,490. 20,973,490. 20,973,490. 20,973,490. 20,973,490. 20,973,4	ᄶ			· —		11 053 78	8	12 046 136			
	19 Revenue less expenses. Subtract line 18 from line 12 -2,846,578. 774,517.						· · · · · ·	_				
	Beginning of Current Year End of Year							_				
Beginning of Current Year End of Year	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. Sign Signature of officer ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name Preparer's signature Scott Thompsett Preparer Preparer Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558	-Se		Hoveride lees experieses. Substact into 10 from into 1		Ве						
20 Total assets (Part X, line 16)	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. Sign Signature of officer ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name Preparer's signature Scott Thompsett Preparer Preparer Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558	lanc	20	Total assets (Part X, line 16)			22,570,33	8.	23,343,500.			
21 Total liabilities (Part X, line 26) 1,596,848. 2,439,246	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. Sign Signature of officer ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name Preparer's signature Scott Thompsett Preparer Preparer Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558	Ass	21				1,596,84	8.	2,439,246.			
20,973,490. 20,904,254	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. Sign Signature of officer ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name Preparer's signature Scott Thompsett Preparer Preparer Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558	<u>ES</u>	22	Net assets or fund balances. Subtract line 21 from li	ne 20		20,973,49	0.	20,904,254.			
Part II Signature Block	true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Preparer Firm's name GRANT THORNTON LLP Preparer's signature Preparer's signature Preparer's signature Firm's EIN 36-6055558	Pa	rt II									
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	Sign Signature of officer ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name Preparer Firm's name GRANT THORNTON LLP Posid Preparer Firm's name GRANT THORNTON LLP Pint Signature Date 11/8/2023 Check PTIN	Unde	r pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedules	and statem	ents, and to the best of	f my l	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.	Here ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Preparer Firm's name GRANT THORNTON LLP Preparer's signature Firm's EIN 36-6055558	true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.					
Circustum of afficer	Here ANDREW WANDER, ACTING CEO Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Preparer Firm's name GRANT THORNTON LLP Preparer's signature Firm's EIN 36-6055558			Circohous of officer			Data					
Olgi.	Type or print name and title Print/Type preparer's name SCOTT THOMPSETT Preparer Prim's name GRANT THORNTON LLP Preparer's signature Prim's EIN 11/8/2023 Check Check PTIN											
·	Print/Type preparer's name SCOTT THOMPSETT Preparer Signature Store Date Check PTIN I1/8/2023 Self-employed P00741490 Preparer Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558	Here	9	*								
	Preparer Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558				0 1 1		Date Chock		T DTIN			
Print/Type preparer's name Preparer's signature Preparer's signa	Preparer Firm's name GRANT THORNTON LLP Firm's EIN 36-6055558	Pvin		Print/Type preparer's name	Preparer's signature	Modern	11/0/2022		- L			
on unprove	Timonano				D 038	I	3011 01		-			
Timo nano	THIRD AUDIESS AND THE	-		===	 R		FITTI S EIN					
Ilse Only Firm's address 757 THIRD AVENUE 3RD FLOOR	NEW YORK NY 10017-2013 Phone no (212) 599-0100	036	Unity				Phone no	(212	3) 599-0100			
		May	the IF	, , , , , , , , , , , , , , , , , , ,	e? See instructions		i r none no.					
Use Only Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013 Phone no.(212) 599-0100		Mav	the IF	RS discuss this return with the preparer shown above	e? See instructions				. X Yes No			

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print AVAAZ FOUNDATION 20-5050267 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 27 UNION SQUARE WEST #500 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10003 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) SOFIA LATIF The books are in the care of ▶ 27 UNION SQUARE WEST #500 - NEW YORK, NY 10003 Telephone No. ▶ 917-388-3988 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

223841 04-01-22

instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form 990 (2022) AVAAZ FOUNDATION 20-5050267 Page **2**

Par	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR DEMOCRATIC MISSION: 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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	SEE SCHEDULE O
4b	(Code:) (Expenses \$
	/ (Expenses t
4-	
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 20,460,723.

16131103 153424 0201136-00003

Page 3

20-5050267

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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
J	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	· · · · · · · · · · · · · · · · · · ·			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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 donor-restricted endowments			
	or in 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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
C		44-		x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_ A
a	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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	_	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
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 other assistance to or for any			
	foreign organization? 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 other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17		10		\vdash
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

Form **990** (2022)

Page 4

20-5050267

Form 990 (FOUNDATION	
Part IV	Checkli	st of Required	d Schedules	(continued)

	· /		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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? If "Yes," complete			
	Schedule J	23	Х	
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 complete	04-		х
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		х
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Soficialis of tosponse of note to any line in this t art v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		.03	.10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	х	

02011361

20-5050267

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No						
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	2 a	7								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b	Х							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	count)?	4a	Х							
b	If "Yes," enter the name of the foreign countryUNITED_KINGDOM, CANADA										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Action (1997).	counts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction				Х						
С	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	Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contribution										
	were not tax deductible?		6b	Х							
7	Organizations that may receive deductible contributions under section 170(c).		. _								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv			-							
b			7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was the file form of the self-self-self-self-self-self-self-self-	s required									
	to file Form 8282?		7c								
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7.								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f								
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file For										
9 h	If the organization received a contribution of qualified intellectual property, and the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file of the organization file organization file organization file of the organization file organiza		79 7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		7								
Ū			8								
9	Sponsoring organizations maintaining donor advised funds.	•••••									
а	Did the agree of the control of the control of the distribution and the distribution of the distribution o		9a								
b			9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	I	12a								
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401									
	organization is licensed to issue qualified health plans	13b	-								
	Enter the amount of reserves on hand	13c	44-		Х						
					 						
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuners		14b								
13	excess parachute payment(s) during the year?		15		x						
	If "Yes," see the instructions and file Form 4720, Schedule N.		15								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities									
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										

Form **990** (2022) 232005 12-13-22

Form 990 (2022) 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 on Schedule O. See instructions.

	to line ed, es, et i les selen, decense ine circumstances, processes, et changes en concaule et con mutatione.			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	tion A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	_		
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, 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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
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 take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure		•	
17	List the states with which a copy of this Form 990 is required to be filed NY, DE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	.,,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year.	a.		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
_0	SOFIA LATIF - 917-388-3988			
	27 UNION SQUARE WEST #500, NEW YORK, NY 10003			

Form **990** (2022)

Form 990 (2022) AVAAZ FOUNDATION 20-5050267 Page **7**

Part VII 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

X

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.
- 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not c , unle	ss per	ition more rson i	than o	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) HEATHER REDDICK - (NON-VOTING)	40.00									
COO/SECRETARY (THRU 07/2022)	0.00	Х		Х				232,767.	0.	67,370.
(2) NELL GREENBERG	40.00	1						100.060	0	21 21 5
ACTING DEPUTY DIRECTOR (3) BENJAMIN MARGETTS	0.00				Х			190,069.	0.	21,315.
MANAGING DIRECTOR	0.00	1			x			180 504	0.	4 428
(4) ANDREA CORON - OPERATIONS	40.00				^			189,504.	0.	4,428.
DIR. (FINANCE) (THRU 11/2022)	0.00	1				x		145,637.	0.	33,123.
(5) ANDREW WANDER	40.00							143,037.	••	33,123.
ACTING CEO	0.00	х		x				171,016.	0.	0.
(6) NATHAN MILLER	40.00							272,020.	••	
CAMPAIGN DIRECTOR	0.00	1				x		119,123.	0.	47,127.
(7) SOFIA LATIF - (NON-VOTING)	40.00							, .		, -
ACTING COO/SECRETARY (AS OF 11/2022)	0.00	х		х				115,274.	0.	33,420.
(8) THOMAS PRAVDA	1.00							·		,
TRUSTEE	0.00	х						147,026.	0.	0.
(9) OSCAR SORIA	40.00									
CAMPAIGN DIRECTOR (MEDIA)	0.00					x		127,437.	0.	9,509.
(10) AUGUSTINE GUERREIRA***	40.00									
CAMPAIGN DIRECTOR	0.00					х		127,027.	0.	0.
(11) NICK FLYNN	40.00									
LEGAL DIRECTOR	0.00					Х		119,520.	0.	0.
(12) VAN LY	1.00									
DIRECTOR	0.00	Х						18,150.	0.	0.
(13) HESTER MWIKALI NZIOKA	1.00									
DIRECTOR	0.00	Х						18,150.	0.	0.
(14) IAN JOSEPH	1.00									
DIRECTOR (THRU 09/2022)	0.00	Х						13,587.	0.	0.
(15) NORMAN BLISSETT	1.00	4								
DIRECTOR (THRU 09/2022)	0.00	Х	_			_		13,575.	0.	0.
(16) JEYA WILSON	1.00	1_								_
DIRECTOR, CHAIR (AS OF 10/2022)	0.00	Х		Х	_			6,400.	0.	0.
(17) MARY FITZGERALD	1.00							2 ===	_	_
TRUSTEE (AS OF 10/2022)	0.00	Х		<u> </u>	<u> </u>			3,750.	0.	0. Form 990 (2022)

232007 12-13-22

Form **990** (2022)

Form 990 (2022) AVAAZ FOUNDA	1101								20-505026	Page o
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	l Hig	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not cl	ss per	more rson i	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) MILENA EMILOVA BERRY	1.00									
TRUSTEE (AS OF 10/2022)	0.00	Х						3,750.	0.	0.
(19) PETER FREEDMAN - DIRECTOR,	1.00									
DEPUTY CHAIR (AS OF 10/2022)	0.00	Х		Х				0.	0.	0.
(20) GAYLE KAREN YOUNG	1.00								0.	
OMBUDSPERSON (AS OF 10/2022)	0.00			X				0.		0.
1b Subtotal								1,761,762.	0.	216,292.
c Total from continuation sheets to Part V								0.	0.	0.
d Total (add lines 1b and 1c)								1,761,762.	0.	216,292.

compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on

Yes No line 1a? If "Yes," complete Schedule J for such individual 3 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services

rendered to the organization? If "Yes." complete Schedule J for such person **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

the organization. Report compensation for the calendar year ending with or within the organization's tax year.									
(A) Name and business address	(B) Description of services	(C) Compensation							
THRIVE LABORATORIES INC.									
275 CLINTON AVE. #3-4, BROOKLYN, NY 11205	CONSULTING	145,000.							
PLANISPHERA SUSTENTABILIDAD, MARGARITAS									
333-102, COL FLORIDA, MEXICO CITY, MEXICO	CONSULTING	131,445.							
ZANDER GRASHOW									
475 14TH STREET, BROOKLYN, NY 11205	CONSULTING	106,250.							
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than								

Form 990 (2022)

\$100,000 of compensation from the organization

20-5050267

Pa			<u> </u>			7111 1 OIV					20 303020	7 Fage 9
Га	יני	/ 111	Statement of he	vei	iue							
			Check if Schedule O	con	tains	a respor	ise (or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C)	(D) Revenue excluded
<u>ა</u> ა	1	а	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues			4.						
جَ ق			Fundraising events									
ifts						4.1						
nia			Government grants (contr									
Sin			All other contributions, gifts,									
iğ jə		•	similar amounts not included			1 1		27,559,369.				
흕		~	Noncash contributions included in			1g \$		27,002,002				
i o		_							27,559,369.			
0 0		"	Total. Add lines 1a-11 .					Business Code	27,002,002.			
	•	_						Business oode				
ice	2	a										
er, ne		b										
m S		C										
gra Re		d					_					
Program Service Revenue		e	A II a tha an ann ann ann air a				_					
-			All other program service revenue									
	3		Investment income (include									
	3								2,577.			2,577.
	4								2,377.			2,377.
	4		Income from investment of				-					
	5		Royalties	·····		(i) Real		(ii) Personal				
	_							(II) Personal				
	6		Gross rents	68	+	501,80						
			Less: rental expenses	6k	_	473,80						
			Rental income or (loss)	60	:	28,0	00.		20.055			20.066
	_		Net rental income or (loss	·) <u></u>				(:) Oth a::	28,066.			28,066.
	7	а	Gross amount from sales of	_		Securitie	es	(ii) Other				
			assets other than inventory	78	1							
		b	Less: cost or other basis					11 206				
nu			and sales expenses					11,386.				
Revenue			Gain or (loss)					-11,386.	44 225			11 200
			Net gain or (loss)						-11,386.			-11,386.
Other	8	а	Gross income from fundraisi									
ō			including \$									
			contributions reported on		•							
			Part IV, line 18				<u>8a</u>					
			Less: direct expenses				8b					
			Net income or (loss) from			-	ts_					
	9	а	Gross income from gamin	-								
			Part IV, line 19				<u>9a</u>					
			Less: direct expenses				9b					
			Net income or (loss) from									
	10	10 a Gross sales of inventory, less returns										
			and allowances				10a					
			Less: cost of goods sold 10b									
		С	Net income or (loss) from	sale	es of i	nventory	/					
ဟ္				_	_			Business Code				
no e	11		REIMBURSED EMPL. CO		3		_	900099	56,942.			56,942.
Miscellaneous Revenue		b	FOREIGN CURRENCY LO	SS			_	900099	-195,460.			-195,460.
Sev.		С	-				_					
Mis			All other revenue									
-		е	Total. Add lines 11a-11d						-138,518.			

232009 12-13-22

Form **990** (2022)

-119,261.

12 Total revenue. See instructions

27,440,108.

20-5050267

Form 990 (2022) AVAAZ FOUNDATION
Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	7.53		(C)	(D)
	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1 Grai	nts and other assistance to domestic organizations				
and	domestic governments. See Part IV, line 21	1,329,008.	1,329,008.		
2 Gra	ants and other assistance to domestic				
	ividuals. See Part IV, line 22				
	ants and other assistance to foreign				
-	anizations, foreign governments, and foreign				
	ividuals. See Part IV, lines 15 and 16	6,209,233.	6,209,233.		
	nefits paid to or for members				
	mpensation of current officers, directors,	1 040 551	205 456	000 440	00.046
	stees, and key employees	1,249,551.	327,156.	899,449.	22,946
	npensation not included above to disqualified				
•	sons (as defined under section 4958(f)(1)) and				
	sons described in section 4958(c)(3)(B)	4,742,026.	2 754 042	700 205	100 600
	ner salaries and wages	4,742,026.	3,754,043.	789,285.	198,698
	sion plan accruals and contributions (include	54 001	27 222	14 567	2 202
	tion 401(k) and 403(b) employer contributions)	54,001.	37,232.	14,567.	2,202
	ner employee benefits	364,534.	273,562.	77,728.	13,244
	/roll taxes	671,102.	461,059.	188,586.	21,457
	es for services (nonemployees):				
	nagement	150.057	22.040	110 200	
	gal	152,057.	33,848.	118,209.	
	counting	135,973.		135,973.	
	bbying				
	fessional fundraising services. See Part IV, line 17				
	estment management fees				
_	ner. (If line 11g amount exceeds 10% of line 25,	17 266	2 075	14 206	-
	umn (A), amount, list line 11g expenses on Sch O.)	17,366. 473,004.	2,975.	14,386.	1 925
	vertising and promotion	228,951.	456,013.	15,166. 76,195.	1,825 640
	ice expenses	748,424.	152,116. 546,071.	191,006.	11,347
	ormation technology	740,424.	340,071.	191,000.	11,347
	/alties	253,060.	180,853.	65,079.	7,128
	cupancy	1,432,810.	1,257,335.	162,052.	13,423
17 Tra		1,432,010.	1,237,333.	102,032.	13,423
•	/ments of travel or entertainment expenses				
	any federal, state, or local public officials	49,638.	43,559.	5,614.	465
	nferences, conventions, and meetings	49,030.	45,559.	3,014.	403
	erest				
	/ments to affiliates	87,892.	62,227.	23,060.	2,605
	preciation, depletion, and amortization	91,771.	02,227.	91,771.	2,003
	er expenses. Itemize expenses not covered	51,771.		51,771.	
abo ^r line	ve. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A),				
	ount, list line 24e expenses on Schedule 0.) SN STAFF & CONSULTING	6,544,544.	4,931,912.	1,561,980.	50,652
ч <u> </u>	NATION PROCESSING FEE	1,289,835.	-,,		1,289,835
~	AFF SUPPORT/TRAINING	222,888.	177,708.	42,037.	3,143
· —	LEPHONE AND COMMS.	162,548.	119,395.	38,573.	4,580
	other expenses	155,375.	105,418.	49,620.	337
	al functional expenses. Add lines 1 through 24e	26,665,591.	20,460,723.	4,560,336.	1,644,532
	nt costs. Complete this line only if the organization	,,	,, , , , , , , , , , , , , , , , ,	-,300,000	_, -, -, -, -, -, -, -, -, -, -, -, -, -,
	orted in column (B) joint costs from a combined				
	cational campaign and fundraising solicitation.				
euu	ick here if following SOP 98-2 (ASC 958-720)				

Form **990** (2022)

AVAAZ FOUNDATION Form 990 (2022)
Part X Balance Sheet 20-5050267 Page **11**

Pari		Check if Schedule O contains a response or	note to an	y line in this Part X		<u></u>	
		·			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			21,502,976.	1	17,287,614.
	2	Savings and temporary cash investments			340,365.	2	4,219,608.
	3	Pledges and grants receivable, net			179,695.	3	124,708.
	4	Accounts receivable, net			44,190.	4	144,573.
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
		controlled entity or family member of any of	these pers	ons		5	
	6	Loans and other receivables from other disqu	ualified per	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges			327,822.	9	221,245
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	413,919.			
	b	Less: accumulated depreciation	10b	276,035.	139,733.	10c	137,884.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			35,557.	15	1,207,868
	16	Total assets. Add lines 1 through 15 (must e			22,570,338.	16	23,343,500
	17	Accounts payable and accrued expenses			1,381,521.	17	1,078,818
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Part IV	of Schedule D		21	
တ္ဆ	22	Loans and other payables to any current or f	ormer offic	er, director,			
<u>≅</u>		trustee, key employee, creator or founder, su	ıbstantial d	contributor, or 35%			
Liabilities		controlled entity or family member of any of	these pers	ons		22	
=	23	Secured mortgages and notes payable to un	related thi	rd parties		23	
	24	Unsecured notes and loans payable to unrela	ated third	parties		24	
	25	Other liabilities (including federal income tax	, payables	to related third			
		parties, and other liabilities not included on li	ines 17-24)	. Complete Part X			
		of Schedule D			215,327.	25	1,360,428.
	26	Total liabilities. Add lines 17 through 25			1,596,848.	26	2,439,246.
		Organizations that follow FASB ASC 958,	check her	e X			
š		and complete lines 27, 28, 32, and 33.					
<u>a</u>	27			<u> </u>	19,180,480.	27	20,674,759.
Ba	28	Net assets with donor restrictions		L	1,793,010.	28	229,495.
틸		Organizations that do not follow FASB AS	C 958, che	eck here			
띤		and complete lines 29 through 33.					
0 0	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o	r equipme	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				31	
<u>S</u>	32	Total net assets or fund balances		L	20,973,490.	32	20,904,254.
	33	Total liabilities and net assets/fund balances			22,570,338.	33	23,343,500.

Form **990** (2022)

Form 990 (2022) AVAZ FOUNDATION 20-5050267 Page **12**

Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	27	,440,	108.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26	,665,	
3	Revenue less expenses. Subtract line 2 from line 1	3		774,	517.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20	973,	490.
5	Net unrealized gains (losses) on investments	5	-	-863,	803.
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 on Schedule O)	9		20,	050.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20	,904,	254.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.				
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

Schedule B

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

AVAAZ FOUNDATION 20-5050267 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(4) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

AVAAZ FOUNDATION

20-5050267

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$	Person X Payroll
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4	Total contributions \$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$	Person X Payroll
(a)	(b)	(c)	(d)
No4	Name, address, and ZIP + 4	Total contributions \$16,344.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 5	Name, address, and ZIP + 4	\$ 15,788.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6 6	Name, address, and ZIP + 4	\$14,763.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AVAAZ FOUNDATION

20-5050267

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$13,286.	Person X Payroll
(a)	(b)	(c)	(d)
No. 8	Name, address, and ZIP + 4 N/A	\$12,558.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$9,165.	Person X Payroll
(a)	(b)	(c)	(d)
10	Name, address, and ZIP + 4 N/A	\$8,972.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	Name, address, and ZIP + 4	\$ 8,249.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$7,904.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
ΔΛΑΣ ΕΟΙΝΌΔΤΙΟΝ	1 20-5050267

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$7,161.	Person X Payroll
(a)	(b)	(c)	(d)
No. 14	Name, address, and ZIP + 4 N/A	* * 7,151.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$ 6,938.	Person X Payroll
(a)	(b)	(c)	(d)
16	Name, address, and ZIP + 4	* \$ 6,812.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
No. 17	Name, address, and ZIP + 4	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$\$_6,562.	Person X Payroll

Name of organization	Employer identification number
AVAAZ FOUNDATION	20-5050267

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$\$6,523.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 20	Name, address, and ZIP + 4 N/A	* \$ 6 , 469 .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$\$6,420.	Person X Payroll
(a)	(b)	(c)	(d)
No. 22	Name, address, and ZIP + 4 N/A	* \$ 6 , 284 .	Person X Payroll
(a)	(b)	(c)	(d)
No. 23	Name, address, and ZIP + 4 N/A	* \$ 5,707.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	Name, address, and ZIP + 4	\$\$5,376.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AVAAZ FOUNDATION

20-5050267

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$ 5,217.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 27	Name, address, and ZIP + 4 N/A	Total contributions \$5,134.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 28	Name, address, and ZIP + 4 N/A	Total contributions \$5,123.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	N/A	\$\$5,005.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	Name, address, and ZIP + 4 N/A	\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AVAAZ FOUNDATION

20-5050267

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

	rganization		Employer Identification number		
Part III	from any one contributor. Complete columns (a	through (e) and the following line entry	20-5050267 tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations ss for the year. (Enter this info. once.)		
	Use duplicate copies of Part III if additional	space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee		
-			Troutionomp of a unior of to uniforce		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	T	(e) Transfer of gift			
-	Transferee's name, address, a	311U ZIF + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Name of the organization **Employer identification number** AVAAZ FOUNDATION 20-5050267 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1

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

Schedule D (Form 990) 2022

(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

a Revenue included on Form 990, Part VIII, line 1

the following amounts required to be reported under FASB ASC 958 relating to these items:

Assets included in Form 990, Part X

4 Describe in Part XIII the intended uses of the organization's endowment funds Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1a Land					
b Buildings					
c Leasehold improvements					
d Equipment		413,919.	276,035.	137,884.	
e Other					
Total. Add lines 1a through 1e. (Column (d) must equa	137,884.				

Schedule D (Form 990) 2022

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6)(7) (8) (9)

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(H)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) SECURITY DEPOSIT	37,401.
(2) RIGHT-OF-USE ASSETS - OPERATING LEASE	1,170,467.
(3)	
(4)	
(5)	
<u>(6)</u>	
(7)	
(8)	
<u>(9)</u>	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	1,207,868.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) F	Federal income taxes	
(2) L	EASE LIABILITIES - OPERATING	1,360,428.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Co	olumn (b) must equal Form 990, Part X, col. (B) line 25.)	1,360,428.

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

20-5050267

Page 4

 Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 			1 1	
				27,095,599
a Net unrealized gains (losses) on investments	2a	-863,803.		
b Donated services and use of facilities		45,492.		
c Recoveries of prior year grants		, -		
d Other (Describe in Part XIII.)		473,802.		
		•	2e	-344,509.
			3	27,440,108
3 Subtract line 2e from line 14 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	2.,110,100
	4a			
b Other (Describe in Part XIII.)			4-	0.
c Add lines 4a and 4b			4c	27,440,108
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.) Part XII Reconciliation of Expenses per Audited Financial Sta	tements With F	ynenses ner F	5 Peturn	27,440,100
Complete if the organization answered "Yes" on Form 990, Part IV, line		Aperioco per i	ictarri.	
•				27,164,835.
1 Total expenses and losses per audited financial statements			1	27,104,033,
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا م ا	45 400		
a Donated services and use of facilities		45,492.		
b Prior year adjustments				
c Other losses		472 002		
d Other (Describe in Part XIII.)		473,802.	-	F10 004
e Add lines 2a through 2d			2e	519,294.
3 Subtract line 2e from line 1			3	26,645,541.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)	4b	20,050.		
c Add lines 4a and 4b			4c	20,050.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	8.)		5	26,665,591.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4			; Part X, li	ne 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	tion.		
DADE W. 1737D 0				
PART X, LINE 2:				
THE OPERATOR TO LOVE OUTDANCE WAS A APTETED WIT ACCOUNTY.	NG FOR			
THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING	NG FOR			
THE THE PARTY IN THE PAST TONG THE PAST OF	3 m332			
UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN	A TAX			
DESCRIPTION TO THE PROPERTY OF	G117557 1175			
RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECO	GNITION AND			
MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM	AN UNCERTAIN			
TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMEN	TS IF THE			
POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POS	ITION WERE TO			
BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX	X POSITION IS			
DAGED GOLELY ON THE TEGINICAL MEDITIG OF THE DOCUMEN WITHOUT	DEGADD MO			
BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT	REGARD TO			
מפטונים או אין דער אין אין אין דער אין אין דער				
THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.				

Schedule D (Form 990) 2022 AVAAZ FOUNDATION	20-5050267	Page 5
Part XIII Supplemental Information (continued)		
UNDER 501(C)(4) OF THE IRC; ALTHOUGH, THE ORGANIZATION IS SUBJECT TO TAX		
ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE		
EXCLUDED BY THE IRC. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO		
ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT		
UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN		
JURISDICTIONS FOR IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS		
THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT		
THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR		
DISCLOSURE IN THE FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION HAS		
DETERMINED THAT IT HAS NOT GENERATED MATERIAL UNRELATED BUSINESS INCOME		
AND, THEREFORE, NO INCOME TAX PROVISION IS REQUIRED.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
RECLASS OF RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 473,802.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RECLASS OF RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 473,802.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
RECOVERED GRANT EXPENSES 20,050.		
,		
PART IX, LINE 2 - RIGHT-OF-USE ASSETS:		
THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE		
ACCOUNTING STANDARD THAT BECAME EFFECTIVE FOR AVAAZ FOUNDATION IN THE YEAR		
ENDING DECEMBER 31, 2022. THIS ACCOUNTING STANDARD WAS EFFECTUATED TO		
IMPROVE THE TRANSPARENCY SURROUNDING KEY INFORMATION PERTAINING TO AN		
EXEMPT ORGANIZATION'S LEASING ARRANGEMENTS (AND TO ENSURE THAT ALL		
ORGANIZATIONS WERE RECORDING THE TRANSACTIONS UNIFORMLY ON THEIR BALANCE	Schedule D (Form	990) 2022
		, —

232055 09-01-22

Schedule D (Form 990) 2022	AVAAZ FOUNDATION	20-5050267	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental In	formation (continued)		
SHEETS).			

16131103 153424 0201136-00003

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

AVAAZ FOUNDATION 20-5050267 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (e) If activity listed in (d) (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, (by type) (such as, fundraising, proexpenditures offices is a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region CENTRAL AMERICA AND THE CARIBBEAN 0 0 PROGRAM SERVICES TRANSLATION & CAMPAIGN 2,224. EAST ASTA AND THE TRANSLATION, CAMPAIGN, PACIFIC 0 5 PROGRAM SERVICES CONSULTING 723,071. EUROPE (INCLUDING ICELAND & GREENLAND) 0 0 GRANTMAKING 4,005,913. EUROPE (INCLUDING TRANSLATION, CAMPAIGN, CONSULTING ICELAND & GREENLAND) PROGRAM SERVICES 1 57 6,701,326. MIDDLE EAST AND GRANTMAKING 365,395. NORTH AFRICA 0 3 MIDDLE EAST AND NORTH AFRICA 0 0 PROGRAM SERVICES TRANSLATION & CONSULTING 692,813. TRANSLATION, CAMPAIGN, CONSULTING NORTH AMERICA 2 10 PROGRAM SERVICES 1,136,460. RUSSIA AND NEIGHBORING STATES 0 2 GRANTMAKING 66,950. 3 77 13,694,152. 3 a Subtotal **b** Total from continuation 0 3,842,085. 23 sheets to Part I c Totals (add lines 3a

232071 10-17-22

and 3b)

100

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

17,536,237.

Schedule F (Form 990) 2022

Schedule F (Form 990) AVAAZ FOUNDATION 20-5050267 Page

Schedule F (Form 990)	AVAAZ FOUNDA			20-5050267	Page 1
Part I Continuatio	on of Activities	s per Regior	• (Schedule F (Form 990), Part I, line 3	3)	
(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
RUSSIA AND					
NEIGHBORING STATES	0	0	PROGRAM SERVICES	TRANSLATION & CONSULTING	20,457.
SOUTH AMERICA	0	20	GRANTMAKING		1,041,136.
					, ,
SOUTH AMERICA	0	0	PROGRAM SERVICES	TRANSLATION, CAMPAIGN, CONSULTING	1,682,429.
SOUTH ASIA	0	0	GRANTMAKING		2,500.
BOOTH MAIN					2,300.
SOUTH ASIA	0	0	PROGRAM SERVICES	CAMPAIGN	9,980.
SUB-SAHARAN AFRICA	0	3	GRANTMAKING		727,339.
SUB-SAHARAN AFRICA	0	0	PROGRAM SERVICES	CAMPAIGN & CONSULTING	358,244.
Totals		23			3,842,085.

Schedule F (Form 990) 2022 AVAA

Part II Grants and Other Assistance to

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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.

1 (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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING	AFGHANISTAN, SOMALIA,					
			AND YEMEN					
		GREENLAND)	HUMANITARIAN AID	1,798,891.	WIRE	0.		
		EUDODE / INGLUDING						
		EUROPE (INCLUDING ICELAND &	AFGHANISTAN					
			HUMANITARIAN AID	599,822.	 WIRE	0.		
				,				
		SUB-SAHARAN AFRICA	COVID-19 AID	500,000.	MIDE	0.		
		AFRICA	COVID-19 KID	300,000.	WIKE	0.		
		EUROPE (INCLUDING						
		ICELAND &	CLIMATE & HUMAN					
		GREENLAND)	RIGHTS	446,379.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
			CLIMATE	309,324.	WIRE	0.		
		SOUTH AMERICA	AMAZON & BIODIVERSITY	272,661.	WIRE	0.		
		MIDDIE ENGE NO	WINDLE HUMANITA DITA					
			YEMEN HUMANITARIAN AID	265,396.	WIDE	0.		
		NORTH AFRICA	BIL	203,390.	MIKE	"		
		SUB-SAHARAN						
		AFRICA	MAASAI	225,839.	WIRE	0.		

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

4 26

Schedule F (Form 990) 2022

Scriedule F (FOITH 990)								Fage 2
Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (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	(h) Description of non-cash	(i) Method of valuation (book, FM)
	and Em (in approadic)		grant	or odorr grant	odori diobaroomoni	assistance	assistance	appraisal, other)
		SOUTH AMERICA	AMAZON	222,500.	WIRE	0.		
		EUROPE (INCLUDING						
			CLIMATE & HUMAN					
			RIGHTS IN UKRAINE	196,948.	WIDE	0.		
		GREENDAND /	KIGHID IN OKKAINE	150,540.	WIKE	0.		
		EUROPE (INCLUDING						
			AFGHANISTAN					
			HUMANITARIAN AID	193,600.	WIRE	0.		
		,						
		SOUTH AMERICA	AMAZON	162,500.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &	HUMAN RIGHTS IN					
		GREENLAND)	UKRAINE	152,584.	WIRE	0.		
		SOUTH AMERICA	COVID-19 AID	152,000.	WIRE	0.		
		SOUTH AMERICA	AMAZON & BIODIVERSITY	113,612.	WIRE	0.		
			HUMAN RIGHTS IN	00.000		[
		NORTH AFRICA	UKRAINE	99,999.	MIKE	0.		
		TUDODE / TNGT UST TO						
		EUROPE (INCLUDING						
		ICELAND &	REFUGEES	97,313.	WIDE	_		
		GREENLAND)	KET UGEES	9/,313.	MTKE	0.		

3CHeddie F (FOHH 990)								Faye 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1)	
1 (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, FM appraisal, other)
		DUGGIA AND MUE						
		RUSSIA AND THE						
		NEIGHBORING STATES	REFUGEES	66,950.	WIDE	0.		
		DIATES	KEF 00BB5	00,550:	WIKE	0.		
		SOUTH AMERICA	COVID-19 AID	62,939.	WIRE	0.		
		EUROPE (INCLUDING						
		GREENLAND)	REFUGEES	42,431.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND & GREENLAND)	REFUGEES	40,986.	WIRE	0.		
		ELIDODE / INGLIDING		,				
		EUROPE (INCLUDING ICELAND &	HUMAN RIGHTS IN					
		GREENLAND)	UKRAINE	40,000.	WIRE	0.		
		EUROPE (INCLUDING						
		ICELAND &						
		GREENLAND)	REFUGEES	40,000.	WIRE	0.		
		SOUTH AMERICA	COVID-19 AID	20,050.	WIRE	0.		
			ORGANISATIONAL					
		SOUTH AMERICA	SUPPORT	16,000.	WIRE	0.		
		EUROPE (INCLUDING						
			HUMAN RIGHTS IN					
		GREENLAND)	UKRAINE	11,009.	WIRE	0.		

Scriedule F (Form 990)								Faye 2
Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line	1)	
1 (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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLIMATE	10.462	NIDE			
		EUROPE (INCLUDING	REFUGEES	10,462.		0.		
		EUROPE (INCLUDING						
		GREENLAND)	CLIMATE	6,542.	WIRE	0.		
		SOUTH AMERICA	COVID-19 AID	6,400.	WIRE	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Schedule F (Form 990) 2022

Part III can be duplicated if	additional space is needed	<u>.</u>					
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
	EUROPE (INCLUDING						
HUMAN RIGHTS	GREENLAND)	1	5,911.	WIRE TRANSFER	0.		
AMAZON	SOUTH AMERICA	1	6,775.	WIRE TRANSFER	0.		
		<u> </u>	<u> </u>	I			

AVAAZ FOUNDATION 20-5050267 Schedule F (Form 990) 2022 Page 4

Part 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	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 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	X Yes	☐ No

Schedule F (Form 990) 2022

16131103 153424 0201136-00003

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public

Inspection

Name of the organization AVAAZ FOUNDATI	ON						Employer identification number 20-5050267
Part I General Information on Grants ar							20 3030207
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's propert II Grants and Other Assistance to I	tance? cedures for monit Domestic Organia	oring the use of grant	funds in the United	States. Complete if the organic			X Yes No
recipient that received more than \$ 1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ACTIONAID USA 1220 L ST NW WASHINGTON, DC 20005	52-2277575	501(C)(3)	649,708.	0.			AFGHANISTAN HUMANITARIAN AID
FRIENDS OF THE WORLD FOOD PROGRAM INC 1725 I STREET NW SUITE 510 - WASHINGTON, DC 20006	13-3843435	501(C)(3)	372,000.	0.			AFGHANISTAN HUMANITARIAN AID
ISLAMIC RELIEF USA 3655 WHEELER AVE. ALEXANDRIA, VA 22304	95-4453134	501(C)(3)	250,000.	0.			AFGHANISTAN HUMANITARIAN AID
MADRE, INC. 121 W 27TH STREET, SUITE 604 NEW YORK, NY 10001	13-3280194	501(C)(3)	50,000.	0.			AFGHANISTAN HUMANITARIAN AID
PESTICIDE ACTION NETWORK NORTH AMERICA - 2029 UNIVERSITY AVENUE, SUITE 200 - BERKELEY, CA 94704	94-2949686	501(C)(3)	5,800.	0.			HUMAN RIGHTS
2 Enter total number of section 501(c)(3) ar	nd aovernment ord	anizations listed in th	ne line 1 table				5

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

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) 2022

AVAAZ FOUNDATION 20-5050267 Schedule I (Form 990) 2022 Page 2 Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (a) Type of grant or assistance (c) Amount of (b) Number of (d) Amount of non-(f) Description of noncash assistance recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: AVAAZ REQUESTS PERIODIC NARRATIVE AND FINANCIAL REPORTING OF GRANT-FUNDED ACTIVITIES FROM GRANTEES. GRANTS GIVEN ARE ACCOUNTED FOR UNDER THE ACCRUAL METHOD.

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

e organization

AVAAZ FOUNDATION

AVAAZ FOUNDATION

Questions Regarding Compensation

			Yes	No		
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,					
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or					
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b				
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's					
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to					
	establish compensation of the CEO/Executive Director, but explain in Part III.					
	Compensation committee Written employment contract					
	Independent compensation consultant					
	Form 990 of other organizations X Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
	Receive a severance payment or change-of-control payment?	4a	Х			
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
	contingent on the revenues of:	_		х		
a	The organization?	5a		X		
D	Any related organization?	5b		^		
_	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation					
_	contingent on the net earnings of:	6-		х		
a	The organization?	6a		X		
D	Any related organization?	6b		Α		
7	If "Yes" on line 6a or 6b, describe in Part III.					
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х		
٥	not described on lines 5 and 6? If "Yes," describe in Part III	7				
8	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	8		х		
9	Initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	-				
Ð	Regulations section 53.4958-6/c)?	9				

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

Schedule J (Form 990) 2022

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 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 aren't 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.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990	
(1) HEATHER REDDICK - (NON-VOTING)	(i)	175,731.	0.	57,036.	57,035.	10,335.	300,137.	0.	
COO/SECRETARY (THRU 07/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) NELL GREENBERG	(i)	190,069.	0.	0.	0.	21,315.	211,384.	0.	
ACTING DEPUTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) BENJAMIN MARGETTS	(i)	189,504.	0.	0.	0.	4,428.	193,932.	0.	
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) ANDREA CORON - OPERATIONS	(i)	112,252.	0.	33,385.	0.	33,123.	178,760.	0.	
DIR. (FINANCE) (THRU 11/2022)	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) ANDREW WANDER	(i)	171,016.	0.	0.	0.	0.	171,016.	0.	
ACTING CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(6) NATHAN MILLER	(i)	119,123.	0.	0.	0.	47,127.	166,250.	0.	
CAMPAIGN DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 3

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

2022 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

AVAAZ FOUNDATION 20-5050267 PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: GLOBAL COMMUNITY AVAAZ EMPOWERED ITS WORLDWIDE MEMBERSHIP OF ALMOST 70 MILLION IN 2022 BUILDING GLOBAL CAMPAIGNS ON ISSUES OF PUBLIC CONCERN. WITH SUPPORTING ACTIONS INCLUDING PETITION SIGNATURES AND DELIVERIES. MESSAGES AND CALLS TO POLITICAL LEADERS AND POLICYMAKERS, AND DONATIONS CLIMATE AND BIODIVERSITY AVAAZ WORKED TO BRING GLOBAL POLITICAL ACTION ON THE CLIMATE CRISIS INTO LINE WITH WHAT SCIENCE TELLS US IS NECESSARY BY ENGAGING AT THE UNFCCC COP27. WHERE WE CAMPAIGNED FOR A GLOBAL TREATY TO MANAGE A JUST PHASE-OUT OF OIL, COAL AND GAS. THIS CAMPAIGN WAS BUILT VIA A PETITION SENT BY THE PRIME MINISTER OF TUVALU AND SIGNED BY ALMOST ONE MILLION AVAAZ MEMBERS. THROUGH A COMBINATION OF HIGH-LEVEL ADVOCACY. GRASSROOTS YOUTH MOVEMENT SUPPORT AND MEMBER ENGAGEMENT. BOTH IN THE RUN-UP AND DURING THE COP27. AVAAZ HELPED TO SECURE AN ANNOUNCEMENT BY THE EUROPEAN UNION THAT IT WILL INCREASE ITS AMBITION IN REDUCING EMISSIONS AVAAZ ENGAGED IN HIGH-LEVEL ADVOCACY WITH THE EUROPEAN UNION TO SECURE AN AMBITIOUS CLIMATE PACKAGE WITH STRONG POLICIES, INCLUDING INCREASING ITS EMISSION REDUCTION TARGET TO 65% BY 2030. EMBOLDENING ITS RENEWABLES TARGET, AND COMMITTING TO A COMPLETE PHASE-OUT OF RUSSIAN GAS BY 2025.

THROUGH HIGH-LEVEL ADVOCACY, PUBLIC PRESSURE AND MEMBER ENGAGEMENT

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** AVAAZ FOUNDATION 20-5050267 AHEAD AND DURING KEY INTERNATIONAL SUMMITS ON BIODIVERSITY, AVAAZ RAN A MAJOR GLOBAL CAMPAIGN TO PUT HALF THE PLANET UNDER PROTECTION. THIS INCLUDED DIRECT ENGAGEMENT IN THE BIODIVERSITY NEGOTIATIONS IN GENEVA NAIROBI AND MONTREAL, ADVOCATING WITH DIPLOMATS AND GOVERNMENT OFFICIALS, AND THE MEDIA, AS WELL AS SIGNIFICANT PUBLIC ACTIONS, CELEBRITY PARTNERSHIPS AND GRASSROOTS ORGANIZING. OUR EFFORTS HELPED SECURE A COMMITMENT TO PROTECT 30% OF THE PLANET BY 2030. SECURING INDIGENOUS RIGHTS AS PART OF OUR ONGOING EFFORTS TO SUPPORT INDIGENOUS COMMUNITIES. AVAAZ MEMBER CROWDFUNDED FOR AN INDIGENOUS-LED ADVOCACY CAMPAIGN. INCLUDING DELEGATIONS OF INDIGENOUS LEADERS TRAVELLING TO JOIN THE NEGOTIATIONS OF THE COP27 OF THE UN FRAMEWORK CONVENTION ON CLIMATE CHANGE (UNFCCC) IN SHARM EL-SHEIKH, EGYPT (NOVEMBER 2022), AND THE COP15 OF THE CONVENTION ON BIOLOGICAL DIVERSITY (CBD) IN MONTREAL, CANADA (DECEMBER 2022). OVER 1.2 MILLION AVAAZ MEMBERS SIGNED A PETITION AGAINST THE DISPLACEMENT OF MAASAI COMMUNITIES IN NORTHERN TANZANIA. AVAAZ ALSO GRANTED MORE THAN HALF A MILLION DOLLARS TO SUPPORT SEVERAL MAASAI COMMUNITIES TO PROTECT THEIR LAND RIGHTS. ANOTHER PETITION SIGNED BY MORE THAN 680,000 AVAAZ MEMBERS HELPED SUPPORT YANOMAMI COMMUNITIES IN BRAZIL AS THEY FACED MULTIPLE CRISES. COMBATING DISINFORMATION AVAAZ ALSO CAMPAIGNED TO ENSURE HEALTHY ONLINE SPACES. WE PUBLISHED A REPORT DETAILING THE IMPACT OF DISINFORMATION ON SCIENTISTS ON SOCIAL MEDIA AND PURSUED HIGH-LEVEL ADVOCACY AT THE EUROPEAN COMMISSION TO SHAPE THE DIGITAL SERVICE ACT, A STRONG SET OF REGULATIONS FOR SOCIAL MEDIA PLATFORMS BY THE EUROPEAN UNION IN APRIL 2022. AVAAZ'S WORK, AS

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** AVAAZ FOUNDATION 20-5050267 PART OF AN ALLIANCE OF NGOS, LED TO ENFORCEABLE TRANSPARENCY AND ACCOUNTABILITY MEASURES FOR ONLINE HARMS INCLUDING HATE SPEECH AND DISINFORMATION. WE ALSO PARTICIPATED IN THE DRAFTING OF A NEW EU WIDE COMMISSION BACKED CODE OF PRACTICE ON DISINFORMATION. DEFENDING DEMOCRACY DURING THE 2022 ELECTIONS IN BRAZIL, AVAAZ ORGANIZED AROUND 17,000 HIGHLY ENGAGED CITIZENS IN WHATSAPP GROUPS FOR DAILY ACTIONS IN DEFENSE OF DEMOCRACY, HELPING THEM MOBILIZE PEOPLE. A POLL SENT JUST AFTER ELECTIONS HELPED US ASSESS IMPACT: OUR NETWORK OF VOLUNTEERS REACHED UP TO 460,000 PEOPLE PER DAY. HUMAN RIGHTS & HUMANITARIAN AID AVAAZ INITIATED HIGH LEVEL ADVOCACY AT THE EUROPEAN UNION ON THE ARTIFICIAL INTELLIGENCE ACT AND ARTIFICIAL INTELLIGENCE LIABILITY DIRECTIVE AND THE PLATFORM WORKER'S DIRECTIVE (INSOFAR AS IT DEALS WITH PEOPLE MANAGED BY AI). THESE INITIATIVES ARE DESIGNED TO BUILD FUNDAMENTAL HUMAN RIGHTS STANDARDS INTO FUTURE EU REGULATION. WHEN RUSSIA INVADED UKRAINE, AVAAZ LAUNCHED A MAJOR CAMPAIGN TO UPHOLD INTERNATIONAL LAW, SEEK ACCOUNTABILITY FOR THE CRIME OF AGGRESSION, AND STAND WITH THE PEOPLE OF UKRAINE. MORE THAN 2 MILLION PEOPLE SIGNED OUR CAMPAIGN CALLING FOR JUSTICE FOR UKRAINE, AND WE RAISED MONEY TO FUND INVESTIGATIONS INTO WAR CRIMES, WORKING WITH INTERNATIONAL EXPERTS. AVAAZ ALSO WORKED TO SECURE PROGRESS IN EDUCATION FOR GIRLS AROUND THE WORLD. THROUGH HIGH LEVEL ADVOCACY WITH UN OFFICIALS AND A HALF-MILLION-STRONG GLOBAL PETITION SIGNED BY PUBLIC FIGURES SUCH AS

Schedule O (Form 990) 2022

Name of the organization

AVAAZ FOUNDATION

Employer identification number 20-5050267

MALALA YOUSAFZAI, AVAAZ BUILT MOMENTUM TOWARDS EXPANDING THE RIGHT TO

FREE EDUCATION UNDER INTERNATIONAL LAW. AVAAZ ALSO SECURED SUPPORT

FROM KEY GOVERNMENTS THROUGH BILATERAL MEETINGS AS PART OF COALITION

ADVOCACY WORK.

AVAAZ MEMBERS DONATED MORE THAN \$3 MILLION IN HUMANITARIAN AID TO LOCAL

RELIEF ORGANIZATIONS IN AFGHANISTAN FIGHTING FAMINE, AND MORE THAN \$1

MILLION TO FIGHT FAMINE IN EAST AFRICA. AVAAZ MEMBERS ALSO SIGNED

GLOBAL PETITIONS TO RAISE THE PROFILE OF LOCAL THREATS TO HUMAN RIGHTS

SUCH AS THE EROSION OF ABORTION RIGHTS IN HONDURAS AND THE THREATS TO

WOMEN'S AND HUMAN RIGHTS IN IRAN.

FORM 990, PART VI, SECTION A, LINE 4:

IN OCTOBER 2022, THE CORPORATION AMENDED ITS BYLAWS. THE MINIMUM NUMBER OF

VOTING BOARD MEMBERS WAS INCREASED TO 7. REQUIREMENTS WERE INTRODUCED THAT:

FORMER STAFF, IN ADDITION TO THE CEO, MAY NOT COMPRISE MORE THAN 50% OF

BOARD MEMBERS; AND THE CEO, THOUGH AN EX-OFFICIO BOARD MEMBER, MAY NOT

SERVE AS CHAIR, DEPUTY CHAIR, OMBUDSPERSON, SECRETARY OR TREASURER. THE

CORPORATION ALSO ADOPTED NEW CODE OF CONDUCT AND CONFLICT OF INTEREST

POLICIES.

FORM 990, PART VI, SECTION A, LINE 8B:

ANY DECISIONS MADE BY COMMITTEES ON BEHALF OF THE GOVERNING BODY ARE

DOCUMENTED IN FULL BOARD MEETING MINUTES.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY ACTING CEO AND ACTING COO. AVAAZ PRESENTS A

COPY OF THE 990 TO ALL BOARD MEMBERS FOR THEIR REVIEW AND APPROVAL PRIOR TO

Schedule O (Form 990) 2022

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization **Employer identification number** AVAAZ FOUNDATION 20-5050267 ELECTRONICALLY FILING FORM 990 WITH THE IRS. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION'S CONFLICT OF INTEREST POLICY REQUIRES ALL BOARD OF DIRECTORS MEMBERS AND EMPLOYEES HOLDING OFFICER (AND/OR KEY EMPLOYEE) POSITIONS TO CERTIFY THAT THEY HAVE NO CONFLICTS OF INTEREST. THE ORGANIZATION REQUIRES PERIODIC UPDATES TO CONFIRM THAT EACH INDIVIDUAL'S INDEPENDENCE IS NOT IMPAIRED. CONFLICT OF INTEREST POLICY WAS UPDATED IN OCTOBER 2022. THIS POLICY PRESCRIBES THAT THE AFFAIRS OF THE ORGANIZATION MUST BE CONDUCTED IN A MANNER THAT AVOIDS IMPERMISSIBLE PRIVATE BENEFIT. THIS OBLIGATION REQUIRES THAT ANY INDIVIDUAL WHO HAS AUTHORITY TO MAKE DECISIONS ON BEHALF OF THE ORGANIZATION, SUCH AS A BOARD MEMBER, OFFICER, OR COMMITTEE MEMBER TAKES STEPS TO INFORM THE BOARD OF DIRECTORS AND TRUSTEES IN A TIMELY MANNER OF ANY PERSONAL INTEREST THEY MIGHT HAVE IN A TRANSACTION OR CONTRACT BETWEEN THE ORGANIZATION AND A THIRD PARTY. FORM 990, PART VI, SECTION B, LINE 15A: THE ACTING CHIEF EXECUTIVE OFFICER IS COMPENSATED BASED ON THE PRIOR POSITION HE HELD WITH THE ORGANIZATION; HIS COMPENSATION IS BASED ON A COMPENSATION STUDY CONDUCTED BY THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: AVAAZ FOUNDATION'S FORM 990 AND FINANCIAL STATEMENTS ARE POSTED ON THE ORGANIZATION'S WEBSITE. AVAAZ FOUNDATION'S FORM 990 IS ALSO POSTED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND AT

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization AVAAZ FOUNDATION 20-5050267 MANAGEMENT'S DISCRETION. FORM 990, PART VII, SECTION A: BOARD OF TRUSTEES MEMBER, THOMAS PRAVDA, RECEIVED COMPENSATION FOR CONSULTING SERVICES HE RENDERED AS AN INDEPENDENT CONTRACTOR TO THE FOUNDATION DURING CALENDAR YEAR 2022. OF THE \$147,026 IN COMPENSATION REPORTED FOR MR. PRAVDA IN PART VII, \$143,360 REPRESENTS PAYMENT FOR CONSULTING SERVICES RENDERED; THE REMAINING \$3,666 REPRESENTS PAYMENT FOR HIS SERVICE AS A BOARD OF TRUSTEES MEMBER. FORM 990, PART VII, SECTION A: BOARD COMPOSITION IN 2022 *** DUE TO CONCERN FOR THE PERSONAL SAFETY OF ONE INDIVIDUAL, THE FOUNDATION HAS ELECTED TO USE A PSEUDONYM TO OBSCURE THE INDIVIDUAL'S TRUE IDENTITY. THE NAME OF THIS INDIVIDUAL IS AVAILABLE UPON REQUEST BY THE INTERNAL REVENUE SERVICE. FORM 990, SCHEDULE B, PART I: IN 2022, 29 DONORS FROM 14 COUNTRIES EACH MADE AGGREGATE CONTRIBUTIONS TOTALING THE USD EQUIVALENT OF \$5,000 OR MORE. THE MAXIMUM CONTRIBUTED BY A SINGLE DONOR WAS \$33,384 USD. THE TOTAL CONTRIBUTED FROM THESE 29 DONORS WAS \$270,792 USD, REPRESENTING 0.0098% OF TOTAL CONTRIBUTIONS IN 2022. AVAAZ DOES NOT ALLOW SINGLE DONATIONS OF MORE THAN 5,000 USD/EUR/GBP.

RECOVERED GRANT EXPENSES

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

20,050.

Schedule O (Form 990) 2022	Page 2
Name of the organization AVAAZ FOUNDATION	Employer identification number 20-5050267
FORM 990, PART XII, LINE 2C:	
THE FOUNDATION HAS DELEGATED THE RESPONSIBILITY TO OVERSEE THE AUDIT OF	
ITS FINANCIAL STATEMENTS TO A SUBSET OF INDIVIDUALS WHO SIT ON THE	
BOARD OF DIRECTORS.	

2022.05000 AVAAZ FOUNDATION