

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

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

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **AVAAZ FOUNDATION** EIN or SSN **20-5050267**

Name and title of officer or person subject to tax **ANDREW WANDER
ACTING CEO**

Part I Type of Return and Return Information

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.**

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 27,440,108.
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 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

I authorize **GRANT THORNTON LLP** to enter my PIN **01136**
ERO firm name Enter five numbers, but 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.

Signature of officer or person subject to tax _____

Date **11/8/2023**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

13686736605

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.

ERO's signature _____

Date **11/8/2023**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2022)

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.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AVAAZ FOUNDATION		D Employer identification number 20-5050267
	Doing business as		E Telephone number 917-388-3988
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	27 UNION SQUARE WEST #500		G Gross receipts \$ 27,925,296.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003		
F Name and address of principal officer: ANDREW WANDER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

I Tax-exempt status: 501(c)(3) 501(c) (4) (insert no.) 4947(a)(1) or 527

J Website: WWW.AVAAZ.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2006 **M** State of legal domicile: DE

Part I Summary		Prior Year	Current Year
Activities & Governance	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 <input type="checkbox"/> 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	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	37
	6 Total number of volunteers (estimate if necessary)	6	100
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	27,122,311.	27,559,369.
	9 Program service revenue (Part VIII, line 2g)	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.	-110,452.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,943,699.	27,440,108.
Expenses	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), line 4)	0.	0.
	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.
	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.
19 Revenue less expenses. Subtract line 18 from line 12	-2,846,578.	774,517.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 22,570,338.	End of Year 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.

Sign Here	Signature of officer	Date			
	ANDREW WANDER, ACTING CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompson</i>	Date 11/8/2023	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Firm's address 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013	Phone no. (212) 599-0100	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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 print	Name of exempt organization or other filer, see instructions. AVAAZ FOUNDATION	Taxpayer identification number (TIN) 20-5050267
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 27 UNION SQUARE WEST #500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10003	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	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)	07		

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.

1 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:

▶ calendar year 2022 or

▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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 instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

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? [] Yes [X] No 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? [] Yes [X] No 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 \$ 20,460,723. including grants of \$ 7,538,241.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 20,460,723.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section 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) available 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, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
SOFIA LATIF - 917-388-3988
27 UNION SQUARE WEST #500, NEW YORK, NY 10003

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

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.
 - 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) HEATHER REDDICK - (NON-VOTING) COO/SECRETARY (THRU 07/2022)	40.00 0.00	X		X				232,767.	0.	67,370.
(2) NELL GREENBERG ACTING DEPUTY DIRECTOR	40.00 0.00				X			190,069.	0.	21,315.
(3) BENJAMIN MARGETTS MANAGING DIRECTOR	40.00 0.00				X			189,504.	0.	4,428.
(4) ANDREA CORON - OPERATIONS DIR. (FINANCE) (THRU 11/2022)	40.00 0.00					X		145,637.	0.	33,123.
(5) ANDREW WANDER ACTING CEO	40.00 0.00	X		X				171,016.	0.	0.
(6) NATHAN MILLER CAMPAIGN DIRECTOR	40.00 0.00					X		119,123.	0.	47,127.
(7) SOFIA LATIF - (NON-VOTING) ACTING COO/SECRETARY (AS OF 11/2022)	40.00 0.00	X		X				115,274.	0.	33,420.
(8) THOMAS PRAVDA TRUSTEE	1.00 0.00	X						147,026.	0.	0.
(9) OSCAR SORIA CAMPAIGN DIRECTOR (MEDIA)	40.00 0.00					X		127,437.	0.	9,509.
(10) AUGUSTINE GUERREIRA*** CAMPAIGN DIRECTOR	40.00 0.00					X		127,027.	0.	0.
(11) NICK FLYNN LEGAL DIRECTOR	40.00 0.00					X		119,520.	0.	0.
(12) VAN LY DIRECTOR	1.00 0.00	X						18,150.	0.	0.
(13) HESTER MWIKALI NZIOKA DIRECTOR	1.00 0.00	X						18,150.	0.	0.
(14) IAN JOSEPH DIRECTOR (THRU 09/2022)	1.00 0.00	X						13,587.	0.	0.
(15) NORMAN BLISSETT DIRECTOR (THRU 09/2022)	1.00 0.00	X						13,575.	0.	0.
(16) JEYA WILSON DIRECTOR, CHAIR (AS OF 10/2022)	1.00 0.00	X		X				6,400.	0.	0.
(17) MARY FITZGERALD TRUSTEE (AS OF 10/2022)	1.00 0.00	X						3,750.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MILENA EMILOVA BERRY TRUSTEE (AS OF 10/2022)	1.00 0.00	X						3,750.	0.	0.
(19) PETER FREEDMAN - DIRECTOR, DEPUTY CHAIR (AS OF 10/2022)	1.00 0.00	X		X				0.	0.	0.
(20) GAYLE KAREN YOUNG OMBUDSPERSON (AS OF 10/2022)	1.00 0.00			X				0.	0.	0.
1b Subtotal								1,761,762.	0.	216,292.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,761,762.	0.	216,292.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 17

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 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 above) who received more than \$100,000 of compensation from the organization 3

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	27,559,369.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			27,559,369.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,577.			2,577.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	501,868.			
			(ii) Personal				
				473,802.			
	b Less: rental expenses ...	6b		28,066.			
	c Rental income or (loss)	6c					
	d Net rental income or (loss)			28,066.		28,066.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
					11,386.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c		-11,386.			
d Net gain or (loss)			-11,386.		-11,386.		
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a REIMBURSED EMPL. COSTS	Business Code	900099	56,942.		56,942.	
	b FOREIGN CURRENCY LOSS		900099	-195,460.		-195,460.	
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			-138,518.			
12 Total revenue. See instructions			27,440,108.	0.	0.	-119,261.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,329,008.	1,329,008.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,209,233.	6,209,233.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,249,551.	327,156.	899,449.	22,946.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,742,026.	3,754,043.	789,285.	198,698.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	54,001.	37,232.	14,567.	2,202.
9 Other employee benefits	364,534.	273,562.	77,728.	13,244.
10 Payroll taxes	671,102.	461,059.	188,586.	21,457.
11 Fees for services (nonemployees):				
a Management				
b Legal	152,057.	33,848.	118,209.	
c Accounting	135,973.		135,973.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	17,366.	2,975.	14,386.	5.
12 Advertising and promotion	473,004.	456,013.	15,166.	1,825.
13 Office expenses	228,951.	152,116.	76,195.	640.
14 Information technology	748,424.	546,071.	191,006.	11,347.
15 Royalties				
16 Occupancy	253,060.	180,853.	65,079.	7,128.
17 Travel	1,432,810.	1,257,335.	162,052.	13,423.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	49,638.	43,559.	5,614.	465.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	87,892.	62,227.	23,060.	2,605.
23 Insurance	91,771.		91,771.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FRGN STAFF & CONSULTING	6,544,544.	4,931,912.	1,561,980.	50,652.
b DONATION PROCESSING FEE	1,289,835.			1,289,835.
c STAFF SUPPORT/TRAINING	222,888.	177,708.	42,037.	3,143.
d TELEPHONE AND COMMS.	162,548.	119,395.	38,573.	4,580.
e All other expenses _____	155,375.	105,418.	49,620.	337.
25 Total functional expenses. Add lines 1 through 24e	26,665,591.	20,460,723.	4,560,336.	1,644,532.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	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, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	35,557.	15	1,207,868.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,570,338.	16	23,343,500.	
Liabilities	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. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	215,327.	25	1,360,428.
	26 Total liabilities. Add lines 17 through 25	1,596,848.	26	2,439,246.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	19,180,480.	27	20,674,759.
	28 Net assets with donor restrictions	1,793,010.	28	229,495.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,973,490.	32	20,904,254.
33 Total liabilities and net assets/fund balances	22,570,338.	33	23,343,500.	

Part XI Reconciliation of Net Assets

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

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	26,665,591.
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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
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? _____
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? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** 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? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2022)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2022

Name of the organization

AVAAZ FOUNDATION

Employer identification number

20-5050267

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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).

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

Schedule B (Form 990) (2022)

Name of organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A <hr/> <hr/> <hr/>	\$ 33,384.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	N/A <hr/> <hr/> <hr/>	\$ 23,538.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	N/A <hr/> <hr/> <hr/>	\$ 21,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	N/A <hr/> <hr/> <hr/>	\$ 16,344.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	N/A <hr/> <hr/> <hr/>	\$ 15,788.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	N/A <hr/> <hr/> <hr/>	\$ 14,763.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A <hr/> <hr/> <hr/>	\$ 13,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	N/A <hr/> <hr/> <hr/>	\$ 12,558.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	N/A <hr/> <hr/> <hr/>	\$ 9,165.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	N/A <hr/> <hr/> <hr/>	\$ 8,972.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	N/A <hr/> <hr/> <hr/>	\$ 8,249.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	N/A <hr/> <hr/> <hr/>	\$ 7,904.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A <hr/> <hr/> <hr/>	\$ 7,161.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	N/A <hr/> <hr/> <hr/>	\$ 7,151.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	N/A <hr/> <hr/> <hr/>	\$ 6,938.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	N/A <hr/> <hr/> <hr/>	\$ 6,812.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	N/A <hr/> <hr/> <hr/>	\$ 6,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	N/A <hr/> <hr/> <hr/>	\$ 6,562.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A <hr/> <hr/> <hr/>	\$ 6,523.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	N/A <hr/> <hr/> <hr/>	\$ 6,469.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	N/A <hr/> <hr/> <hr/>	\$ 6,420.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	N/A <hr/> <hr/> <hr/>	\$ 6,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	N/A <hr/> <hr/> <hr/>	\$ 5,707.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	N/A <hr/> <hr/> <hr/>	\$ 5,376.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$ 5,251.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	N/A	\$ 5,217.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	N/A	\$ 5,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	N/A	\$ 5,123.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
29	N/A	\$ 5,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
30	N/A	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AVAAZ FOUNDATION	Employer identification number 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less 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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, 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

2022

Open to Public Inspection

Name of the organization AVAAZ FOUNDATION Employer identification number 20-5050267

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of modified easements, states where located, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a, 1b, 2, a, b regarding art and historical treasures reporting requirements.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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 equal Form 990, Part X, column (B), line 10c.)				137,884.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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.

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)	
(6)	
(7)	
(8)	
(9)	
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) Federal income taxes	
(2) LEASE LIABILITIES - OPERATING	1,360,428.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	27,095,599.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-863,803.
b	Donated services and use of facilities	2b	45,492.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	473,802.
e	Add lines 2a through 2d	2e	-344,509.
3	Subtract line 2e from line 1	3	27,440,108.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	27,440,108.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	27,164,835.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	45,492.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	473,802.
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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
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.)	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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR
 UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX
 RETURN, INCLUDING ISSUES RELATING TO FINANCIAL STATEMENT RECOGNITION AND
 MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN
 TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE
 POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO
 BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS
 BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO
 THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE ORGANIZATION IS AN ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXATION

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.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RECLASS OF RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B	473,802.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

RECOVERED GRANT EXPENSES	20,050.
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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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	TRANSLATION & CAMPAIGN	2,224.
EAST ASIA AND THE PACIFIC	0	5	PROGRAM SERVICES	TRANSLATION, CAMPAIGN, CONSULTING	723,071.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		4,005,913.
EUROPE (INCLUDING ICELAND & GREENLAND)	1	57	PROGRAM SERVICES	TRANSLATION, CAMPAIGN, CONSULTING	6,701,326.
MIDDLE EAST AND NORTH AFRICA	0	3	GRANTMAKING		365,395.
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	TRANSLATION & CONSULTING	692,813.
NORTH AMERICA	2	10	PROGRAM SERVICES	TRANSLATION, CAMPAIGN, CONSULTING	1,136,460.
RUSSIA AND NEIGHBORING STATES	0	2	GRANTMAKING		66,950.
3 a Subtotal	3	77			13,694,152.
b Total from continuation sheets to Part I	0	23			3,842,085.
c Totals (add lines 3a and 3b)	3	100			17,536,237.

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

Schedule F (Form 990) 2022

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 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.
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.

Part II **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 ICELAND & GREENLAND)	AFGHANISTAN, SOMALIA, AND YEMEN HUMANITARIAN AID	1,798,891.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AFGHANISTAN HUMANITARIAN AID	599,822.	WIRE	0.		
		SUB-SAHARAN AFRICA	COVID-19 AID	500,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLIMATE & HUMAN RIGHTS	446,379.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLIMATE	309,324.	WIRE	0.		
		SOUTH AMERICA	AMAZON & BIODIVERSITY	272,661.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	YEMEN HUMANITARIAN AID	265,396.	WIRE	0.		
		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 **4**

3 Enter total number of other organizations or entities **26**

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		SOUTH AMERICA	AMAZON	222,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	CLIMATE & HUMAN RIGHTS IN UKRAINE	196,948.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	AFGHANISTAN HUMANITARIAN AID	193,600.	WIRE	0.		
		SOUTH AMERICA	AMAZON	162,500.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HUMAN RIGHTS IN UKRAINE	152,584.	WIRE	0.		
		SOUTH AMERICA	COVID-19 AID	152,000.	WIRE	0.		
		SOUTH AMERICA	AMAZON & BIODIVERSITY	113,612.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	HUMAN RIGHTS IN UKRAINE	99,999.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REFUGEES	97,313.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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)
		RUSSIA AND THE NEIGHBORING STATES	REFUGEES	66,950.	WIRE	0.		
		SOUTH AMERICA	COVID-19 AID	62,939.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REFUGEES	42,431.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REFUGEES	40,986.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HUMAN RIGHTS IN UKRAINE	40,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REFUGEES	40,000.	WIRE	0.		
		SOUTH AMERICA	COVID-19 AID	20,050.	WIRE	0.		
		SOUTH AMERICA	ORGANISATIONAL SUPPORT	16,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	HUMAN RIGHTS IN UKRAINE	11,009.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), 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.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	REFUGEES	10,392.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & 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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
HUMAN RIGHTS	EUROPE (INCLUDING ICELAND & GREENLAND)	1	5,911.	WIRE TRANSFER	0.		
AMAZON	SOUTH AMERICA	1	6,775.	WIRE TRANSFER	0.		

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 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 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 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 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 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)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

AVAAZ REQUESTS PERIODIC NARRATIVE AND FINANCIAL REPORTING OF GRANT-FUNDED

ACTIVITIES FROM GRANTEES. GRANTS ARE ACCOUNTED FOR UNDER THE ACCRUAL

METHOD.

Multiple horizontal lines for supplemental information input.

**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.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **AVAAZ FOUNDATION** Employer identification number **20-5050267**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(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) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 GRANTEEES. GRANTS GIVEN ARE ACCOUNTED FOR UNDER THE ACCRUAL

METHOD.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

AVAAZ FOUNDATION

Employer identification number

20-5050267

Part I Questions Regarding Compensation

1a 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- 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:

- a** The organization?
- b** Any related organization?
- 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:

- a** The organization?
- b** Any related organization?
- 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 not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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.

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

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4A:

HEATHER REDDICK, COO/SECRETARY, RECEIVED A SEVERANCE PAYMENT OF \$57,036,

DUE TO HER DEPARTURE FROM THE ORGANIZATION IN CALENDAR YEAR 2022 WHICH IS

REFLECTED IN SCHEDULE J, PART II, COLUMN B(III), AS WELL AS A DEFERRED

SEVERANCE PAYMENT OF \$57,035 TO BE PAID IN 2023 WHICH IS REFLECTED IN

SCHEDULE J, PART II, COLUMN (C).

IN ADDITION, ANDREA CORON, OPERATIONS DIRECTOR (FINANCE), RECEIVED A

SEVERANCE PAYMENT OF \$33,385 DUE TO HER DEPARTURE FROM THE ORGANIZATION IN

CALENDAR YEAR 2022 WHICH IS REFLECTED IN SCHEDULE J, PART II, COLUMN

B(III).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

AVAAZ FOUNDATION

Employer identification number

20-5050267

FORM 990, 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

232211 10-28-22

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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

Name of the organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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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

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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

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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

Name of the organization AVAAZ FOUNDATION	Employer identification number 20-5050267
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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.

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

RECOVERED GRANT EXPENSES 20,050.

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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.