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Return of Organization Exempt From Income Tax

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

Department of the Treasury
Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning JUL 1, 2006 and ending MAY 31, 2007

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
AVAAZ FOUNDATION

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
260 FIFTH AVENUE - 9TH FLOOR

City or town, state or country, and ZIP + 4
NEW YORK, NY 10001

D Employer identification number
20-5050267

E Telephone number
646-239-5416

F Accounting method Cash Accrual
 Other (Specify) **▶**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Website: **▶ WWW.AVAAZ.ORG**

J Organization type (check only one) 501(c)(4) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and **I** are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates **▶ N/A**

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

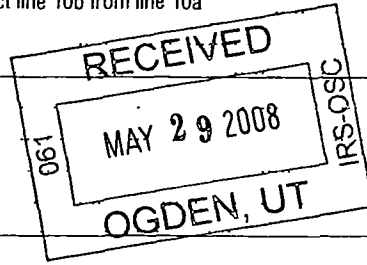
I Group Exemption Number **▶ N/A**

Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 1,094,179.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED JUL 07 2008

Revenue	1 Contributions, gifts, grants, and similar amounts received:					
	a Contributions to donor advised funds	1a				
	b Direct public support (not included on line 1a)	1b		1,093,267.		
	c Indirect public support (not included on line 1a)	1c				
	d Government contributions (grants) (not included on line 1a)	1d				
	e Total (add lines 1a through 1d) (cash \$ 1,093,267. noncash \$ _____)				1e 1,093,267.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)				2	
	3 Membership dues and assessments				3	
	4 Interest on savings and temporary cash investments				4 912.	
	5 Dividends and interest from securities				5	
Revenue	6 a Gross rents	6a				
	b Less: rental expenses	6b				
	c Net rental income or (loss). Subtract line 6b from line 6a				6c	
	7 Other investment income (describe ▶)				7	
	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
			8a			
			8b			
	c Gain or (loss) (attach schedule)	8c				
	d Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	a Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b Less: direct expenses other than fundraising expenses		9b				
c Net income or (loss) from special events. Subtract line 9b from line 9a					9c	
10 a Gross sales of inventory, less returns and allowances		10a				
	b Less: cost of goods sold	10b				
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c	
11 Other revenue (from Part VII, line 103)				11		
12 Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12 1,094,179.		
Expenses	13 Program services (from line 44, column (B))				13 781,134.	
	14 Management and general (from line 44, column (C))				14 159,211.	
	15 Fundraising (from line 44, column (D))				15 72,856.	
	16 Payments to affiliates (attach schedule)				16	
	17 Total expenses Add lines 16 and 44, column (A)				17 1,013,201.	
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12				18 80,978.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))				19 0.	
	20 Other changes in net assets or fund balances (attach explanation)				20 0.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21 80,978.	



29

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ 0 . noncash \$ 0 . If this amount includes foreign grants, check here <input type="checkbox"/> 22b				
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 111,104.	77,774.	22,220.	11,110.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b 0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 106,289.	74,402.	21,258.	10,629.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28 7,560.	5,292.	1,512.	756.
29 Payroll taxes	29 19,086.	13,360.	3,817.	1,909.
30 Professional fundraising fees	30			
31 Accounting fees	31 420.		420.	
32 Legal fees	32 13,082.		13,082.	
33 Supplies	33 2,535.	1,775.	507.	253.
34 Telephone	34 3,850.	2,695.	770.	385.
35 Postage and shipping	35 325.	227.	65.	33.
36 Occupancy	36 65,675.	45,973.	13,135.	6,567.
37 Equipment rental and maintenance	37			
38 Printing and publications	38 4,537.	3,176.	907.	454.
39 Travel	39 36,523.	25,566.	7,305.	3,652.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 10,182.	7,130.	2,034.	1,018.
43 Other expenses not covered above (itemize). a _____ 43a b _____ 43b c _____ 43c d _____ 43d e _____ 43e f _____ 43f g SEE STATEMENT 1 43g	43g 632,033.	523,764.	72,179.	36,090.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,013,201.	781,134.	159,211.	72,856.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a SEE STATEMENT 2	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	781,134.
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	781,134.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year	(B) End of year	
Assets	45 Cash - non-interest-bearing		53,877.	
	46 Savings and temporary cash investments		662.	
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	1,157.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment - basis	55a		
	b Less accumulated depreciation	55b	55c	
	56 Investments - other		56	
	57 a Land, buildings, and equipment - basis	57a	64,991.	
	b Less accumulated depreciation STMT 4	57b	10,182.	
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 5)		58	8,388.	
59 Total assets (must equal line 74) Add lines 45 through 58		0.	59 118,893.	
Liabilities	60 Accounts payable and accrued expenses		60 36,711.	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ PAYROLL TAX PAYABLE)		65	1,204.
66 Total liabilities. Add lines 60 through 65		0.	66 37,915.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67 80,978.	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		0.	73 80,978.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		0.	74 118,893.	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
RICKEN PATEL 260 FIFTH AVENUE, 9TH FL NEW YORK, NY 10001	PRESIDENT 1.00	59,000.	2,052.	0.
TOM PERRIELLO 260 FIFTH AVENUE, 9TH FL NEW YORK, NY 10001	TRUSTEE 1.00	48,000.	2,052.	0.
ELI PARISER 260 FIFTH AVENUE, 9TH FL NEW YORK, NY 10001	CHAIRMAN OF THE BOARD 1.00	0.	0.	0.
BEN BRANDZEL 260 FIFTH AVENUE, 9TH FL NEW YORK, NY 10001	TRUSTEE 1.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ <u>4</u>		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)				
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ▶ <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct or indirect political expenditures (See line 81 instructions) 81a <u>0.</u>		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)

Table with columns for question ID, question text, and Yes/No columns. Includes rows 82a through 91b with various organizational details and financial data.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country N/A
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions)

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here

Signature of officer: *[Signature]* Date: 2/10/08

Type or print name and title: Ricken Patel, Executive Director

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/14/08

Firm's name (or yours if self-employed), address, and ZIP + 4: LUTZ AND CARR, CPA'S LLP, 300 EAST 42ND STREET, NEW YORK, NY 10017

Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. X):

EIN: 212-697-2299 Phone no.:

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	COMPUTERS	VARIESSL		3.00	16	6,136.			6,136.			1,875.
2	EQUIPMENT	VARIESSL		5.00	16	401.			401.			74.
3	SOFTWARE	VARIESSL		3.00	16	683.			683.			209.
4	WEBSITE	010107SL		3.00	16	57,771.			57,771.			8,024.
	* TOTAL 990 PAGE 2							0.	64,991.	0.	0.	10,182.
	DEPR											

FORM 990

OTHER EXPENSES

STATEMENT 1

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CAMPAIGNER FEES	251,448.	251,448.		
TRANSLATION	19,692.	19,692.		
PROFESSIONAL FEES	20,207.	14,145.	4,041.	2,021.
BANK CHARGES	4,506.	3,154.	901.	451.
DUES & SUBSCRIPTIONS	328.	229.	66.	33.
ADVERTISING	128,434.	89,904.	25,687.	12,843.
PR CONSULTING FEES	58,820.	41,174.	11,764.	5,882.
PUBLICITY	35,528.	24,869.	7,106.	3,553.
RECRUITMENT SERVICES	13,045.	9,132.	2,609.	1,304.
MEALS AND ENTERTAINMENT	6,839.	4,787.	1,368.	684.
WEBSITE	90,000.	63,000.	18,000.	9,000.
MISCELLANEOUS EXPENSE	3,186.	2,230.	637.	319.
TOTAL TO FM 990, LN 43	632,033.	523,764.	72,179.	36,090.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 2

DESCRIPTION OF PROGRAM SERVICE ONE

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

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		781,134.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

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

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 4

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTERS	6,136.	1,875.	4,261.
EQUIPMENT	401.	74.	327.
SOFTWARE	683.	209.	474.
WEBSITE	57,771.	8,024.	49,747.
TOTAL TO FORM 990, PART IV, LN 57	64,991.	10,182.	54,809.

FORM 990

OTHER ASSETS

STATEMENT 5

DESCRIPTION

AMOUNT

EMPLOYEE ADVANCES

2,338.

SECURITY DEPOSIT

6,050.

TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B

8,388.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy		
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization AVAAZ FOUNDATION	Employer identification number 20-5050267
	Number, street, and room or suite no. If a P O box, see instructions 260 FIFTH AVENUE - 9TH FLOOR	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10001	

Check type of return to be filed (File a separate application for each return)

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of Telephone No. 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 EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2008**
- 5 For calendar year , or other tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions.	8a	\$
b If this application is for Form 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 and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature *Robert Hulg* Title *CPA* Date *2/1/08*

Notice to Applicant. (To Be Completed by the IRS)

- We **have** approved this application Please attach this form to the organization's return
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Type or print 823832 05-01-07	Name LUTZ AND CARR, CPA'S LLP
	Number and street (include suite, room, or apt. no.) or a P.O. box number 300 EAST 42ND STREET - 8TH FLOOR
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10017

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for *Charities & Nonprofits*.

Type or print	Name of Exempt Organization AVAAZ FOUNDATION	Employer identification number 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. 260 FIFTH AVENUE - 9TH FLOOR	
	City, town or post office, state, and ZIP code For a foreign address, see instructions NEW YORK, NY 10001	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ _____ Telephone No. ▶ _____ 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 EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a section 501(c) corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2008**, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2006**, and ending **JUN 30, 2007**

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

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

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