Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2016

OMB No 1545-1150

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning January 1 , 2016, and ending December 31 C Name of organization B Check if applicable D Employer identification number Address change Razom Inc. 46-4604398 Number and street (or P O box, if mail is not delivered to street address) Room/suite Name change E Telephone number Initial return 305 140 2nd Avenue (860) 212-3022 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ New York, NY, 10003 Application pending G Accounting Method H Check ► ☐ if the organization is not I Website: ▶ razomforukraine.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Association K Form of organization Corporation ☐ Trust Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 81,357 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 77,737 Program service revenue including government fees and contracts 2 2,754 3 3 0 4 Investment income 4 866 5a Gross amount from sale of assets other than inventory 5a Less, cost or other basis and sales expenses 0 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c 0 Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue \$15,000) . . o of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 0 Less, direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . 7a 7a 0 7b 0 C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . 0 8 Other revenue (describe in Schedule O) . . . 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 81,357 10 Grants and similar amounts paid (list in Schedule O) 10 14,717 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits . 12 0 13 Professional fees and other payments to independent contra 13 0 14 Occupancy, rent, utilities, and maintenance 14 11,013 15 Printing, publications, postage, and shipping. 15 3,016 16 Other expenses (describe in Schedule O) . . 16 41,015 17 Total expenses. Add lines 10 through 16 69,761 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 11,596 Net Assets must agree with 19 Net assets or fund balances at beginning of year (from line 27, column-(A)) end-of-year figure reported on prior year's return) 19 94,506 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 106,102

For Paperwork Reduction Act Notice, see the separate instructions.

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Cat No 106421

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Form **990-EZ** (2016)

Par		•				
	Check if the organization used Schedule	O to respond to ar	ny question in this		_	<u>/</u>
			-	(A) Beginning of year	00	(B) End of year
22	Cash, savings, and investments		· · · · ·	94,506	22	106,102
23	Land and buildings		+		24	0
24 25	Total assets		· · · · · · 	94,506	-	100 103
26	Total liabilities (describe in Schedule O)				26	106,102
27	Net assets or fund balances (line 27 of column		_	94,506	_	106,102
Par	· · · · · · · · · · · · · · · · ·				<u></u>	100,102
	Check if the organization used Schedule	•		•		Expenses
What		See Schedule O	•			equired for section I(c)(3) and 501(c)(4)
as m	ribe the organization's program service accomplisheasured by expenses. In a clear and concise mons benefited, and other relevant information for ear RAZOM Partners: See Schedule O for accomplishme	nanner, describe the ach program title.			org	anizations, optional for ers)
	10. Louis atticis. See Saledale S 10. assonibisme					
	(Grants \$ 11,657) If this amount				28	a 18,401
29	Reformers Without Borders: See Schedule O for acco	omplishments				
	(Grants \$ 3,060) If this amount	includes foreign are	nte chock horo		29	42.520
30	DATOMIT OF CHARLES OF CONTRACTOR				250	a 13,539
50	RAZOM IT: See Schedule O for accomplishments					
	(Grants \$) If this amount	ıncludes foreign gra	ints, check here .	▶ 🗆	30	a 9,318
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🗌	31	
	Total program service expenses (add lines 28a				32	00,710
Par						<u> </u>
	Check if the organization used Schedule	1	(c) Reportable	Part IV	÷	<u> Ц</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ	l'	e) Estimated amount of other compensation
Lyub	a Shipovich	1			İ	
Presi		8	C)	0	
	Yarychkivska	_				
Secre		8	0		<u> </u>	0
	tasiia Rybytska	 8				O
	President va Soroka	0	C	'	0	
Direc		8		,	0	C
	ia Shyrba				Ť	
Direc	tor	8			0	
Theo	dora Chomiak					
Direc	tor	8		<u> </u>	0	
	Mazur		_			_
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	Paslavska			'	-	
Treas		. 8	i c		0	C
			_		-	

Part	·			
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		. U No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	\ \sqrt{\sqrt{\chi}}
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? <i>If "No," provide an explanation in Schedule O</i> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a 000 000 0000 0000 00000000000000000	37b	-	1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	+ -	1
b 39 a b 40a	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		·
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		- <u>-</u>
41	List the states with which a copy of this return is filed ► New York			
42a		860) 2		22
b	Located at ► 140 2nd Avenue, Suite 305, New York, NY At any time during the calendar year, did the organization have an interest in or a signature or other authority over		003 Voc	No
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	+	✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country: ▶	42c	<u></u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		/
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		Ž
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 99	00-EZ (2016)				_		Page	_
			<u> </u>				Yes No	,
46	Did the organization engage, directly or in	directly, in political	campaign activities or	behalf of or	in oppositi	on 🗀		
•	to candidates for public office? If "Yes," of	omplete Schedule (C, Part I			46	1 ,	•
Part	VI Section 501(c)(3) organizations	only					·	_
	All section 501(c)(3) organization		estions 47–49h and	52 and cor	nolete the	tables f	or lines	
	50 and 51.			,				
	Check if the organization used Sci	andula O ta raspan	d to any question in t	hic Dart VI			Г	٦
	Check if the organization used Sci	ledule O to respon	u to any question in i	ilis i ait vi	· · · ·		Yes No	ᅼ
47	Dulate and a labeling		t	! affaat al	na tha t		res N	_
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par				uring the t			,
						47		_
48	Is the organization a school as described in					48		_
49a	Did the organization make any transfers to			zation?		49a	<u> </u>	<u></u>
b	If "Yes," was the related organization a se					49b		
50	Complete this table for the organization's							ЭŊ
	employees) who each received more than	1 \$100,000 of compe	ensation from the orga	nızatıon. If th	ere is none	, enter "N	lone."	
		(b) Average	(c) Reportable	(d) Health I		4-1 C-4		
	(a) Name and title of each employee	hours per week	compensation	contributions t		(e) Estimate other com	pensation	1
		devoted to position	(Forms W-2/1099-MISC)	compens			.,	
NONE								_
								_
								_
				-				-
	-							-
		<u> </u>						_
f	Total number of other employees paid ov		>					
51	Complete this table for the organization			contractors	who each	received	more th	31
	\$100,000 of compensation from the orga	anization. If there is i	none, enter "None."					_
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(c)	Compensati	on	
								_
NONE								
								_
		.======================================						
								_
				_	=			_
								=
			1					
	Total number of other independent contra	actors each receivin	g over \$100,000	. ▶				-
52	Did the organization complete Schedu		=	anizations m	ust attach			_
JŁ	completed Schedule A					.▶☑ Yes	. □ No	
———	penalties of perjury, I declare that I have examined this							_
true, co	penalties of perjury, I declare that I have examined this prect, and complete Declaration of preparer (other tha	n officer) is based on all in	arrying scriedules and statem of which preparer	has any knowled	ige	Jwieuge and	J Dellet, It IS	
					51121	2017		_
Sign	Signature of officer	-/1 a/		l Date	- 1101	2017		-
\mathcal{W}					212/	017		
Here	<u> </u>	<i></i>			00/12	-120		
	Type or print name and title	Inanara (DTIN		_
Paid	Print/Type preparer's name	Preparer signature	0	ate	Check			
Prer	oarer	1/			self-employ	red		_
	Only Firm's name	Firm's EIN ▶			-	_		
	Firm's address ▶	J		Pho	ne no			
Mayt	he IDS discuss this return with the prepare	r chown abova? Sa	e instructions		ì	► □ ∨ ₀	· No	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number Razom Inc. 46-4604398 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives. (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

18

Part							
	· (Complete only if you checked th						lify under
<u> </u>	Part III. If the organization fails to	quality unde	er the tests lis	sted below, pl	ease comple	te Part III.)	
	en A. Public Support					43004	
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	<u> </u>		146,936	85,249	77,737	309,922
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3			146,936	85,249	77,737	309,922
5	The portion of total contributions by each person (other than a			,	·		
	governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						309,922
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	ļ		146,936	85,249	77,737	309,922
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			471	701	866	2,038
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						311,960
12	Gross receipts from related activities, etc					12	70,475
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>	d, third, fourth			
Secti	on C. Computation of Public Suppor	-				·	
14	Public support percentage for 2016 (line 6	• •	•			14	%
−15— 16a	-Public-support-percentage-from-2015-Sch 331/3% support test - 2016. If the organi				nd line 14 is 33	15 Na% or more	check this
	box and stop here . The organization qua						
b	33 ¹ / ₃ % support test—2015. If the organithis box and stop here. The organization	ization did not	check a box o	on line 13 or 16	a, and line 15	ıs 33 ¹ /3% or me	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	016. If the org	anization did r s-and-circumst	not check a box ances" test, ch	x on line 13, 1 neck this box a	6a, or 16b, and and stop here.	l line 14 is Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization is Explain in Part VI how the organization is supported organization.	ation meets the meets the "fac	ne "facts-and-	circumstances"	' test, check	this box and s	top here.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

SCHEDULE 0 (Form 990 or 990-EZ)

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.

2016

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Razom Inc.	46-4604398				
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID (greater than \$1,000)					
ACTIVITY CLASSIFICATION: GRANT					
GRANTEE NAME: PROJECT C.U.R.E (Support Hospitals in Ukraine Project)					
GRANTEE ADDRESS: 10377 E. Geddes Ave. Suite 200 Centennial, CO 80112					
AMOUNT GIVEN: 3,000 GRANT DATE: 2/5/2016					
GRANTEE NAME: HROMADSKE RADIO (PUBLIC RADIO in UKRAINE)					
AMOUNT GIVEN: \$4,500 GRANT DATE: 2/9/2016					
GRANTEE NAME: VOLYA INSTITUTE for Contemporary Law and Society					
AMOUNT GIVEN: \$3,200 GRANT DATE: 2/19/2016					
GRANTEE NAME: RAZOM DLYA UKRAINY AMOUNT GIVEN: \$3,060 GRANT DA	ATE: 4/20/2016				
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES					
Travel \$15,608					
Management fees \$7,500					
Supplies & Materials \$6,951	·				
Food & Beverage \$5,114					
Information Technology \$1,400					
Bank Service Charges \$1,218					
Other Miscellaneous \$850					
Legal Fees \$1,005					
Advertising & Promotions \$888					
Insurance \$481					
FORM 990-EZ, PART III ORGANIZATIONS PRIMARY EXEMPT PURPOSE:					
Razom is a non-profit organization dedicated to building a prosperous and democratic Ukraine by constructing systems in Ukraine that					
integrate its citizens into the global economy. Razom maintains a relentless focus on the needs on the ground in Ukraine and on the					
opportunities to amplify voices from Ukraino in conversations in the United States. Dazom was formed	d cololy for charitable nurnoses and is				

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2016)

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

Name of the organization	Employer identification number
Razom Inc.	46-4604398
a non-partisan organization.	
FORM 990-EZ, PART III, PROGRAM ACCOMPLISHMENTS	
Line 28: RAZOM PARTNERS	
Razom Partners supports individuals and organizations who are building a prosperous and democratic	Ukraine. In 2016, Razom worked with
4 partners: (1) MathOlymp; (2) Hromadske Radio (Public Radio); (3) Galicia Cult; (4) Moy Gorod (My City)	
(1) MathOlymp Program supported and sponsored the participation of 6 students representing Ukraine a	at the International Mathematical
Olympiad in Hong Kong. The students won 2 silver medals and 4 bronze medals.	••••
(2) Hromaske Radio, or Public Radio in Ukraine was awarded a \$4,500 grant from Razom for the develop	ment of original radio programming.
Razom helped organize a week-long trip to the U.S. for the Hromadske Radio team to connect with their	U.S. counterparts in public radio.
(3) Razom helped bring 16 artists to Galicia Cult, a multidisciplinary social-cultural forum that aims to in	troduce eastern Ukranians to
modern Western Ukrainian culture.	
(4) Razom partnered up with 'Moy Gorod' - a marketplace of social projects and civic activists.	
Moy Gorod is an online platform in Odesa, Ukraine that gets citizens to create and implement projects to	o make their city more livable.
LINE 29: REFORMERS WITHOUT BORDERS	
Reformers without Borders Program aims to send fellows to Ukraine to help build a bridge of trust between	een local governing bodies and
citizens in Ukraine.	
In 2016, Razom sent a fellow from the US who led logistical preparations for an international conference	between EU and Ukraine,
conducted 10 field visits around the Odesa region to identify development challenges and potential proj	ects, provided translation services,
and led English-language training series for Odesa Customs.	
LINE 30: RAZOM IT	······
Razom IT is an economic development initiative that supports the growth of an engaged middle class by	cultivating the tech start-up
ecosystem in Ukraine.	·····
In 2016, Razom held 6 speaker series events, showcasing interesting projects and building the entrepre	neurial tech community with roots
in Ukraine in New York. Additionally, 5 start-ups from Ukraine took part in Razom IT Trip, a week-long in	nmersive program in NY designed to
help teams from likraine accelerate the development of their ventures	

Schedule O (Form 990 or 990-EZ) (2016)