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TIN: 46-4604398

OMB No. 1545-0047

Form **990**

Department of the Treasury Internal Revenue Service

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 <u>www.irs.gov/Form990</u> for instructions and the latest information.

Inspection

A Fo	or the	e 2020 ca I	alendar year, or tax year beginning 01-01-2020 , and ending 12-31 C Name of organization	-2020				
		pplicable:	RAZOM INC			D Employe	r identifi	cation number
	dress (me cha	change ange				46-46043	398	
	tial ret	-	Doing business as					
O Fina	al returr	n/terminated				E Tolonbono		
		l return	Number and street (or P.O. box if mail is not delivered to street address) Room/suit 140 2nd Ave Ste 305	te		E Telephone		
O Ap	plicatio	on pending				(646) 31	5-0093	
			City or town, state or province, country, and ZIP or foreign postal code New York, NY 10003					
			· · · · · · · · · · · · · · · · · · ·			G Gross rece	eipts \$ 24	12,599
			F Name and address of principal officer: Theodora Chomiak	H(a)	Is this	a group retu	ırn for	
			140 2nd Ave			inates?		UYes ✓ No
			Ste 305 New York, NY 10003		include	subordinate ed?	:5	☐ Yes ☐No
Tax	r-exem	npt status:						instructions)
		_	✓ 501(c)(3) ☐ 501(c)() ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	H(c)	Group	exemption r	number	•
ı w	ebsit	e: Frazo	omforukraine.org					
			Corporation ☐ Trust ☐ Association ☐ Other ►	L Year o	f format	ion: 2014	M State o	of legal domicile: NJ
€ Forn	n of or	ganization:	Corporation Trust Association Other					
Pa	art I	Sum	marv					
	r -		scribe the organization's mission or most significant activities:					
	F	Razom is a	a non-profit organization dedicated to building a prosperous and democratic					
			to the global economy. Razom maintains a relentless focus on the needs on					
9		organizati	pices from Ukraine in conversations in the United States. Razom was formed on.	i solely i	or cha	ritable purpo	oses and	i is a non-partisan
<u> </u>	_							
ē	-							
9	_	Chl. H-						
ø	_		is box ▶ □ of voting members of the governing body (Part VI, line 1a)				3	9
Activities & Governance			of independent voting members of the governing body (Part VI, line 1b)				4	9
Ĕ			nber of individuals employed in calendar year 2020 (Part V, line 2a)				5	0
Ş			nber of volunteers (estimate if necessary)				6	400
			elated business revenue from Part VIII, column (C), line 12			•	7a	4,151
			lated business taxable income from Form 990-T, line 39		•		7b	0
	-	TVCC UTITCE	dated business taxable income from Form 950 1, line 95 1. 1. 1. 1.		 Dric	r Year	1,5	Current Year
	8	Contribut	cions and grants (Part VIII, line 1h)			116,18	22	238,448
9			(D. 1) (III. II. 0.)			110,10	0	0
Revenue		-				2.00	0	
æ			ent income (Part VIII, column (A), lines 3, 4, and 7d)			3,08	_	4,151
			venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			110.20	0	242 500
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			119,26	_	242,599
			nd similar amounts paid (Part IX, column (A), lines 1–3)			26,30	_	22,606
			paid to or for members (Part IX, column (A), line 4)				0	0
88			other compensation, employee benefits (Part IX, column (A), lines 5–10)				0	0
Expenses	16a	Professio	onal fundraising fees (Part IX, column (A), line 11e)				0	0
ě	b	Total fundr	aising expenses (Part IX, column (D), line 25)					
Œ	17	Other exp	penses (Part IX, column (A), lines 11a-11d, 11f-24e)			65,24	43	138,946
	18	Total exp	enses. Add lines 13-17 (must equal Part IX, column (A), line 25)			91,54	43	161,552
	19	Revenue	less expenses. Subtract line 18 from line 12			27,72	20	81,047
e G				Begi	nning o	of Current Ye	ar	End of Year
anc								_
Bal	20	Total asse	ets (Part X, line 16)			285,57	73	366,620
et Assets or ind Balances	21	Total liab	ilities (Part X, line 26)				0	0

See Like	ZZ Net as:	sets of fully balances. Subtract if	ine zi nom me	20		203,3	1/3	00,02
Par		jnature Block						
		f perjury, I declare that I have ex						
	owledge.	elief, it is true, correct, and comp	nete. Deciaration	i di preparei (dinei tilai	i officer) is base	su on an iniorna	ition of which preparer	Has
-	11							
						2021-03-31		
Sign	Sign	nature of officer				Date		
Here	Oka	ana Falenchuk Treasurer						
		e or print name and title						
	/ /	<u> </u>	Duanawayla	ai an atuwa	Data	l r	OTTN	
		Print/Type preparer's name	Preparer's	signature	Date	Check if	PTIN	
Paid						self-employed		
Prep	arer	Firm's name				Firm's EIN		
	Only	Firm's address				Dhana		
	- ,	Timis address				Phone no.		
1av th	e IRS discu	ss this return with the preparer :	shown above? (see instructions)			☐ Yes ☐ No	
		Reduction Act Notice, see the			Cat N	lo. 11282Y	Form 990	(2020
· · ·	ipei work i	teddetion Act Notice, see the	separate mst.	actionsi	Cat. N	10. 112021	FOITH 990	(2020
				— Page 2 ———				
	(2222)							
orm s	990 (2020)						ſ	Page
Part	∥ Sta	tement of Program Service	e Accomplis	hments				
	Chec	ck if Schedule O contains a respo	onse or note to a	any line in this Part III				
1		ribe the organization's mission:		,e ee i artin I				
_		_	ilding a procesor	ous and domostatic like	aina by canctru	cting systems in	Ultraine that integrate	o ito
		rofit organization dedicated to bu lobal economy. Razom maintains						
		ne in conversations in the United						
				•				
	D: d the	:::::::::::::::::::::::::::::::		dana danahara Manasaran Islam	: - -			
	-	anization undertake any significa		rices during the year wh	ich were not ils	ted on		
	the prior Fo	rm 990 or 990-EZ?					🗌 Yes 💆 No	0
	If "Yes," de	scribe these new services on Sch	nedule O.					
3	Did the org	anization cease conducting, or m	nake significant o	changes in how it conduc	cts, any progran	m		
	services?						🗌 Yes 🔽	No
	If "Yes," de	scribe these changes on Schedul	e O.					
4	Describe th	e organization's program service	accomplishmen	ts for each of its three la	argest program	services as me	asured by expenses	
		L(c)(3) and $SO1(c)(4)$ organization						
	and revenu	e, if any, for each program servi	ce reported.					
4a	(Code:) (Expenses \$	73,310	including grants of \$	0) (Revenue \$	74,158)	
		gency Response. We restarted our Em						
		irst phase of Emergency Response du Ve additionally purchased and delivere						
		ere was evidence of another pandemic						
	and Rivne. W	e also hosted a series of educational v	webinars in English	and in Ukrainian to address	questions about	the pandemic.		
4b	(Code:) (Expenses \$	43,803	including grants of \$	0) (Revenue \$	52,588)	
	Razom Cultur	re We supported Ukrainian cinema wit	h multiple screenir	gs of the documentary 'The	Earth is Blue as a	n Orange', includin	g at the 2020 Sundance F	Film
	Festival (whe	re it won the World Documentary Dire	ecting Award). We	celebrated Ukrainian music b	by hosting the inac	ugural Ukrainian Co	ontemporary Music Festiva	al, a
		ent that included three concerts and n nian culture. In the summer we hoste						
		na Dakhu. Over two evenings, we sho					r air iir person, outdoor iiii	
					· ·			
4c	(Code:) (Expenses \$	11,887	including grants of \$	11 756) (Revenue \$	15,360)	
) (Expenses \$ ers: Two of Razom Partners organization	•		•			ı
		onivske in the Luhansk region. The ch						
	local commun	nity to create such a space in the scho	ol library. The space	ce has been fully renovated a	and furnished, sur	pplied with high-spe	eed internet, and stacked	
	hundreds of r	new books. BUR also constructed civic	spaces in other vi	lages in Ukraine as part of t	heir volunteer can	nps throughout the	summer of 2020.	
	(Code:) (Expenses \$	7,850	including grants of \$	7,850) (Revenue \$	12,301)	
	Veteran's Edu	ucation. Bohdan Radchenko Stipend fo	r Veterans provide	s highly motivated and acco	mplished Ukrainia	n veterans with a p	oossibility to gain a Master	r's
	degree in the	specialization of their choice. The mo	st popular field of	study for veterans has prove	ed to be Public Adı	ministration. As of	2020, we have 17 stipend	d
		cluding 6 graduates). Six new veteran Academy (All top-tier educational insti						
	Master's degi	,		, . Jul. veceruns graduated II	. 2020, WING 3 III	s. s are in their sec	s year or courses for the	
	(Code:) (Expenses \$	4,500	including grants of \$	0) (Revenue \$	11,494)	
	(Coue.) (Lypenses \$	4,500	melaung grants or \$	U	/ (Ivevellue »	11,434)	

	Razom Ticket. Razom Ticket supported The Math School, a week-long math camp with 6+ hours of intense studying sessions per day for chi the 3rd or 4th stage of the Ukrainian Math Olympiad that gathered 90 students from 12 cities all over Ukraine. Razom Ticket supported the them. With Ukraine's quarantine measures, all educational institutions were closed and Olympiads were postponed indefinitely. Razom helpe cameras needed for effective online learning for the Kharkiv Physics and Mathematics Lyceum No.27. As STEM disciplines are typically taugl board, adapting to remote education was especially important for the Lyceum's students and teachers.	participa d procu	ation of 1 re docum	9 of ent
	(Code:) (Expenses \$ 9,496 including grants of \$ 3,000) (Revenue \$	72	545)	
	(Code:) (Expenses \$ 9,496 including grants of \$ 3,000) (Revenue \$ Other activities in 2020 included: Razom Toy Drive (which provides school supplies and toys for children in need), Co-Pilot Project (which str of neurosurgeons in Ukraine), Razom Think (which hosted a broad community meeting with Oleg Senstov, a human rights activist and politic recently been released), and Razom Community (which connected Razom volunteers through an online Annual Meeting and other events).	engther	ns the cap	
4d	Other program services (Describe in Schedule O.) (Expenses \$ 21,846 including grants of \$ 10,850) (Revenue \$ 96,	340)		
4e	Total program service expenses ► 150,846			
		F	orm 99	0 (2020)
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Form	990 (2020)			D 3
	TIV Checklist of Required Schedules			Page 3
			Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A $\textcircled{50}$	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🥦	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F. Parts Land IV	14b	Yes	

15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
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	Page 4			
Form	990 (2020)			Page 4
Pa	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L,</i> Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I </i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I </i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		No

				_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Pai	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		No
		F	orm 99	0 (2020)
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Form	990 (2020)			Page 5
				Page 3
				-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4a		No
	financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	та		140
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	6a		No
b	solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were			
_	not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services	7a		
	provided to the payor?	76		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		

10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
		F	orm 99	0 (2020)
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Form	990 (2020)			Page 6
Par		o" resp	onse to	
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
60	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	Yes	No
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		Yes	
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		Yes	
1a b	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI		Yes	
1a b	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	2	Yes	
1a b 2 3	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	3	Yes	No No
1a b 2 3	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	3	Yes	No No No
1a b 2 3 4 5	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?	3 4 5	Yes	No No No No
1a b 2 3 4 5 6	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	3	Yes	No No No
1a b 2 3 4 5 6 7a	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	3 4 5 6 7a	Yes	No No No No
1a b 2 3 4 5 6 7a	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	3 4 5 6	Yes	No No No No
1a b 2 3 4 5 6 7a	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	3 4 5 6 7a	Yes	No No No No No
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1a b 2 3 4 5 6 7a b 8	Ra, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	3 4 5 6 7a 7b	Yes	No No No No No
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1a b 2 3 4 5 6 7a b 8 a b 9	Ra, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 9 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O	3 4 5 6 7a 7b	Yes	No No No No No No
1a b 2 3 4 5 6 7a b 8 a b 9	Ra, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 9 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? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? The governing body? Each committee with authority to act on behalf of the governing body? 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 in Schedule O	3 4 5 6 7a 7b	Yes Yes	No No No No No No No No
1a b 2 3 4 5 6 7a b 8 a b 9 See	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O. contains a response or note to any line in this Part VI ction A. Governing Body and Management Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? 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	3 4 5 6 7a 7b 8a 8b 9	Yes Yes	No No No No No No No No No

								990				
b	Did the organization have a written conflict	of interest pol	cy? If '	"No,"	go to	o line 13				12a	Yes	
	Were officers, directors, or trustees, and ke conflicts?		equired • •	to di	sclos	se annua	lly in •	terests that could g	ive rise to	12b	Yes	
С	Did the organization regularly and consister Schedule O how this was done	ntly monitor an	d enfor	rce co	mpli •	iance wit	h the	policy? If "Yes," de	scribe in	12c	Yes	
13	Did the organization have a written whistlet	olower policy?								13		No
14	Did the organization have a written docume	nt retention a	nd dest	ructio	n po	olicy? .				14		No
15	Did the process for determining compensati persons, comparability data, and contemporations								dependent			
а	The organization's CEO, Executive Director,	or top manage	ement o	officia	١.					15a		No
b	Other officers or key employees of the orga	nization .								15b		No
	If "Yes" to line 15a or 15b, describe the pro	cess in Schedu	le O (s	ee ins	struc	tions).						
16a	Did the organization invest in, contribute as taxable entity during the year?						or s	milar arrangement	with a	16a		No
b	If "Yes," did the organization follow a writte in joint venture arrangements under applica status with respect to such arrangements?	ble federal tax	law, a	nd ta	ke st	teps to s	afegu	ard the organizatio	participation n's exempt	16b		
Se	ection C. Disclosure											
17	List the states with which a copy of this For	m 990 is requi	red to l	be file	ed▶							
						NJ , [
18	Section 6104 requires an organization to monly) available for public inspection. Indicat	e how you ma	de thes	e ava	ilabl	e. Check	all t	nat apply.	1(c)(3)s			
	Own website Another's website					• •		•	.			
19	Describe in Schedule O whether (and if so, policy, and financial statements available to					governi	ng do	ocuments, conflict of	rınterest			
20	State the name, address, and telephone nu	•	_	•		ses the	orgar	nization's books and	records:			
	Razom Inc 140 2nd Ave Ste 305 New	ork, NY 10003	(609)	365-7	7952						orm 99 0	
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Pai	Compensation of Officers, Di and Independent Contractor	s										
<u> </u>	Check if Schedule O contains a responsation A Officers Directors Trustee			ne in i	this I	Part VII						
-		s Key Emn	loves	e ar	A H	liahest	Cor	nnancated Emn		•	• •	
	ection A. Officers, Directors, Trustee								loyees			s tay
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ear. f co l rgar f req l rgar	List all of the organization's current officers, mpensation. Enter -0- in columns (D), (E), and ist all of the organization's current key emposist the organization's five current highest correceived reportable compensation (Box 5 of Finization and any related organizations. List all of the organization's former officers, is portable compensation from the organization ist all of the organization's former directors nization, more than \$10,000 of reportable constructions for the order in which to list the process this box if neither the organization nor (A) Name and title	directors, trusted (F) if no corloyees, if any. Impensated enform W-2 and/or wey employees and any related or cersons above. (B) Average hours per week (list any hours for related or ganizations	stees (vertees (verte	pensawheth vition vostruction of function continued to the continued to th	er in was properties of the composition of the composition of the composition of the correction of the	for the dividuals paid. for define than an control the capa on and a densated control the capa on a densated control the capa on a densated control the capa of the capa	calen or control ffice ffice ffice ffice ffice ffice any control nore rson a	dar year ending with organizations), regalizations), regalizations), regalizations, regalizations, regalization, regalizations current officer, director depends on the organization (W-2/1099-	h or within the rdless of amount of the result of the resu	ee) \$100,0 f the e. e gion ed ens	(F Estima amount of compen from organizat relat) ated of other sation the ion and ed
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ear. f co l rgar f req l rgar	List all of the organization's current officers, mpensation. Enter -0- in columns (D), (E), and ist all of the organization's current key emposist the organization's five current highest correceived reportable compensation (Box 5 of Finization and any related organizations. List all of the organization's former officers, is portable compensation from the organization ist all of the organization's former directors nization, more than \$10,000 of reportable constructions for the order in which to list the process this box if neither the organization nor (A) Name and title	directors, trusted (F) if no coroloyees, if any. Impensated enform W-2 and/or wey employees and any related or trustees mpensation from the corological properties of the corological prop	stees (vertices) (vert	pensawheth vition vostruction of function continued to the continued to th	er in was properties of the composition of the composition of the composition of the correction of the	for the dividuals paid. for define than an control the capa on and a densated control the capa on a densated control the capa on a densated control the capa of the capa	calen or control ffice ffice ffice ffice ffice ffice any control nore rson a	dar year ending with organizations), regalizations), regalizations), regalizations, regalizations, regalization, regalizations current officer, director depends on the organization (W-2/1099-	h or within the rdless of amount of the result of the resu	ee) \$100,0 f the e. e gion ed ens	(F Estima amount of compen from organizat relat) ated of other sation the ion and ed
ear. f co l rgar f req l rgar	List all of the organization's current officers, mpensation. Enter -0- in columns (D), (E), and ist all of the organization's current key emposist the organization's five current highest correceived reportable compensation (Box 5 of Finization and any related organizations. List all of the organization's former officers, is portable compensation from the organization ist all of the organization's former directors nization, more than \$10,000 of reportable constructions for the order in which to list the process this box if neither the organization nor (A) Name and title	directors, trusted (F) if no coroloyees, if any. Impensated enform W-2 and/or wey employees and any related or trustees mpensation from the corological properties of the corological prop	stees (vertees (verte	wheth whether the struction of function country to the struction country to the struction country to the structure to the str	er in was properties of the composition of the composition of the composition of the correction of the	for the dividuals paid. for define than an control the capa on and a control the capa on a contr	calen or control ffice ffice ffice ffice ffice ffice any control nore rson a	dar year ending with organizations), regalizations), regalizations), regalizations, regalizations, regalization, regalizations current officer, director depends on the organization (W-2/1099-	h or within the rdless of amount of the result of the resu	ee) \$100,0 f the e. e gion ed ens	(F Estima amount of compen from organizat relat) ated of other sation the ion and ed
a Coear. f cool l l rgar l f rep ree i	List all of the organization's current officers, mpensation. Enter -0- in columns (D), (E), and ist all of the organization's current key emphasist the organization's five current highest correceived reportable compensation (Box 5 of Finization and any related organizations. List all of the organization's former officers, is portable compensation from the organization ist all of the organization's former directors nization, more than \$10,000 of reportable connstructions for the order in which to list the process this box if neither the organization nor (A) Name and title	directors, trusted (F) if no coroloyees, if any. Impensated enform W-2 and/or wey employees and any related or trustees mpensation from the corological properties of the corological prop	stees (vertees (verte	pensawheth vition vostruction of function continued to the continued to th	er in was properties of the composition of the composition of the composition of the correction of the	for the dividuals paid. for define than an control the capa on and a densated control the capa on a densated control the capa on a densated control the capa of the capa	calen or control ffice ffice ffice ffice ffice ffice any control nore rson a	dar year ending with organizations), regalizations), regalizations), regalizations, regalizations, regalization, regalizations current officer, director depends on the organization (W-2/1099-	h or within the rdless of amount of the result of the resu	ee) \$100,0 f the e. e gion ed ens	(F Estima amount of compen from organizat relat) ated of other sation the ion and ed
a Coear. f cool l l rrgar l f rep l cool	List all of the organization's current officers, mpensation. Enter -0- in columns (D), (E), and ist all of the organization's current key emposist the organization's five current highest correceived reportable compensation (Box 5 of Finization and any related organizations. List all of the organization's former officers, is portable compensation from the organization ist all of the organization's former directors nization, more than \$10,000 of reportable constructions for the order in which to list the process this box if neither the organization nor (A) Name and title	directors, trusted (F) if no corloyees, if any. Impensated enform W-2 and/oxey employees and any relates or trustees in trustees in trustees in the corn which is or trustees in the corn and related or trustees in the corn and related or trustees in trustees	stees (vertees (verte	pensawheth vition vostruction of function continued to the continued to th	er in was properties of the composition of the composition of the composition of the correction of the	for the dividuals paid. for define than an control the capa on and a densated control the capa on a densated control the capa on a densated control the capa of the capa	calen or control ffice ffice ffice ffice ffice ffice any control nore rson a	dar year ending with organizations), regalizations), regalizations), regalizations, regalizations, regalization, regalizations current officer, director depends on the organization (W-2/1099-	h or within the rdless of amount of the result of the resu	ee) \$100,0 f the e. e gion ed ens	(F Estima amount of compen from organizat relat) ated of other sation the ion and ed

5.i. ccco.											
(2) Lyuba Shipovich		8	х		Х					0	0
Vice President (3) Theodora Chomiak President		8	Х		Х					0 (0
(4) Iryna Mazur Director		8	х							0 (0
(5) Anya Sobolevska Director		8	Х							0	0
(6) Oleksii Prokopenko Director		8	Х							0	0
(7) Maria Genkin Director		8	х							0	0
(8) Oksana Falenchuk Director - Treasurer		8	х		х					0 (0
(9) Maryna Prykhodko Director		8	х							0 (0
(10) Anastasia Rab Secretary		8			х					0	0
	•								•		Form 990 (2020)
Form 990 (2020)				Page							Page 8
Part VII Section A. Officers, Directo	rs, Trustees	, Ke	y Emp	loye	es,	and	l Higl	nes	t Compensated	Employees (cor	tinued)
(A) Name and title	(B) Average	Pos	ition (c	(C)) t che	eck r	nore		(D) Reportable	(E) Reportable	(F) Estimated

Name and title	Average hours per week (list any hours for related organizations below dotted line)	ne b	ox, u in off tor/ti	inles ficer rust	s pers	son	Reportable compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-MISC)	amount of other compensation from the organization and related organizations

								1				
							_	1				
						+	+					
_											1	
c 1	Sub-Total				•				0	(
	Total (add lines 1b and 1c) .			· ·					0)	
	Total number of individuals (inclu of reportable compensation from	iding but not limite the organization	d to those 0	e liste	d ab	ove) v	who red	ceived moi	re than \$10	00,000		
										_	Yes	No
	Did the organization list any forn line 1a? If "Yes," complete Sched			ee, ke •	y en •	nploye	e, or h	ighest con	npensated	employee on	3	No
	For any individual listed on line 1	a is the sum of re	ortable (omne	nca	tion a	nd othe	r compen	sation from	the		110
	organization and related organiza	ations greater than	\$150,000	0? <i>If</i> '	'Yes,	," com	plete S	chedule J	for such	tite		
	individual						•				4	No
	Did any person listed on line 1a r	eceive or accrue co	mpensat	ion fr	om a	any ur	related	l organiza	tion or indi	vidual for		
	services rendered to the organiza										5	No
Se	ection B. Independent Contr	ractors								<u> </u>		
	Complete this table for your five		ed indepe	enden	t co	ntract	ors that	received	more than	\$100,000 of com	pensation	
	from the organization. Report cor	•	calendar	year	endi	ing wi	h or w	thin the o	rganizatior	•		
	Na	(A) ame and business add	ress						Descr	(B) ription of services	Compe	
	Ne	arric aria business ada	1033						Desci	iption of services	Соттре	isacion
	Total number of independent contra compensation from the organization										Form 99	0 (2020
				— Р	age	9 —						
rm	990 (2020)											D 0
	art VIII Statement of Rever											
	III VIII — Statelliellt Of Revei											raye a
Га					:_	ا منطعہ						rage s
Га	Check if Schedule O cont		note to	any lir	ne ir		Part VIII		 B)		 (D	
Га			note to			this (A)		(I Relat	B) ed or	(C) Unrelated	(D Reve) nue
Га			note to			(A)		(I Relat exe	ed or mpt	Unrelated business	Reve exclude) nue d from
			note to			(A)		(I Relat exe fund	ed or	Unrelated	Reve) nue d from sections
	Check if Schedule O cont		note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
	Check if Schedule O cont	tains a response or	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
	Check if Schedule O cont	tains a response or	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
Grants	Check if Schedule O contact of the c	tains a response or	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
Clants	Check if Schedule O contact of the c	tains a response or	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
GIIIS, GI GIIIS	Check if Schedule O contact of the c	tains a response or	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
GIRS, GIAIRS	Check if Schedule O contact of the c	tains a response or 1a 1b 1c	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
GIRS, Grants	Check if Schedule O continued and the continued are continued as a continu	tains a response or	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
College College	Check if Schedule O continued and the continued are continued as a continu	tains a response or 1a 1b 1c 1d	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
GIIIS, GI GIIIS	Check if Schedule O continuations Check if Schedul	tains a response or 1a 1b 1c	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
onunbutions, Girls, Grants	Check if Schedule O continuations Check if Schedul	tains a response or 1a 1b 1c 1d	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
Continuations, Girls, Grants	Check if Schedule O continuations Check if Schedul	tains a response or 1a 1b 1c 1d 1e	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
Conclibrations, Girs, Grants	Check if Schedule O continuous iderated campaigns	tains a response or 1a 1b 1c 1d	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under) nue d from sections
Contributions, Giffs, Grants	Check if Schedule O continuations Check if Schedul	tains a response or 1a 1b 1c 1d 1e	note to			(A)		(I Relat exe fund	ed or mpt ction	Unrelated business	Reve excluded tax under	nue d from sections

h Total. Add lines 1a-1f **Business Code** 2a Service f All other program service revenue. **9 Total.** Add lines 2a−2f. ▶ **3** Investment income (including dividends, interest, and other 4,151 4,151 similar amounts) 4 Income from investment of tax-exempt bond proceeds \triangleright **5** Royalties . . (i) Real (ii) Personal 6a Gross rents 6a Less: rental 6b expenses Rental income 6c or (loss) **d** Net rental income or (loss). (i) Securities (ii) Other 7a Gross amount 7a from sales of assets other than inventory Less: cost or other basis and sales expenses c Gain or (loss) **d** Net gain or (loss) . Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 . . 8a **b** Less: direct expenses . . 8b ${f c}$ Net income or (loss) from fundraising events . Gross income from gaming activities. See Part IV, line 19 . . . 9a **b** Less: direct expenses . . . **c** Net income or (loss) from gaming activities . **10a**Gross sales of inventory, less returns and allowances . . 10a **b** Less: cost of goods sold . . 10b ${f c}$ Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a

С				
d All other revenue				
e Total. Add lines 11a-11d	 0			
12 Total revenue. See instructions	 242,599	0	4,151	0

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Form 990 (2020) Page **10**

Р	art IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must of	complete all columns	All other organization	ns must complete co	Jump (A)
	.,,,	•		na must complete co	(A).
<u> </u>	Check if Schedule O contains a response or note to ar	<i>'</i>	(B)	(c)	(D)
ро 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,000	2,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	20,606	20,606		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0			0
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			0
7	Other salaries and wages	0			0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			0
9	Other employee benefits	0			0
10	Payroll taxes	0			0
11	Fees for services (non-employees):				
ā	Management	0			0
ı	Legal	0			0
(Accounting	0			0
(l Lobbying	0			0
•	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	0			0
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			0
12	Advertising and promotion	652	365	287	0
13	Office expenses	0			0
14	Information technology	4,258		4,258	0
15	Royalties	0			0
16	Occupancy	8,122	3,622	4,500	0
17	Travel	15,447	15,447		0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			0
19	Conferences, conventions, and meetings	500	500		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				

•		terials and Equipment Purchases - Emergency Respo I other programs	onse 84,073	64,073			U	U
İ	b Per	former Fees UCMF	19,859	19,859			0	0
•	c Bar	nking and Merchant Fees	2,510	1,883			627	
•	d Oth	ner	3,525	2,491			1,034	0
	e All	other expenses						
		I functional expenses. Add lines 1 through 24e	161,552	150,846		1	10,706	0
	Joint report educa	t costs. Complete this line only if the organization rted in column (B) joint costs from a combined ational campaign and fundraising solicitation.		250,610				
	Chec	k here $ ightharpoonup$ if following SOP 98-2 (ASC 958-720)						
								Form 990 (2020)
			Page 11					
Form	n 990	(2020)						Page 11
Pa	art X	Balance Sheet						-
		Check if Schedule O contains a response or note	to any line in this Part IX .					\square
				(A) Beginning of	/ear			(B) End of year
	1	Cash-non-interest-bearing			25,870	1		93,486
	2	Savings and temporary cash investments			259,703	2		272,384
	3	Pledges and grants receivable, net			0	3		750
	4	Accounts receivable, net			0	4		0
	5	Loans and other receivables from any current or furustee, key employee, creator or founder, substal					0	
	6	controlled entity or family member of any of these Loans and other receivables from other disqualifie			5		0	
	7	section 4958(f)(1)), and persons described in section 4958(f)(1)).			6 7			
ssets	8	Inventories for sale or use			8			
SS	9	Prepaid expenses and deferred charges				9		
A		Land, buildings, and equipment: cost or other	 10a					
	ь	·	10b	1		10c		
	11	Investments—publicly traded securities .				11		
	12	Investments—other securities. See Part IV, line 11				12		
	13	Investments—program-related. See Part IV, line 1				13		_
	14	Intangible assets				14		
	15	Other assets. See Part IV, line 11				15		
	16	Total assets. Add lines 1 through 15 (must equa			285,573	16		366,620
	17	Accounts payable and accrued expenses		1	•	17		· · ·
	18	Grants payable				18		_
	19	Deferred revenue				19		_
	20	Tax-exempt bond liabilities				20		_
"	21	Escrow or custodial account liability. Complete Par	rt IV of Schedule D			21		_
Liabilities	22	Loans and other payables to any current or former employee, creator or founder, substantial contribution or family member of any of these persons			22			
Ë	23	Secured mortgages and notes payable to unrelate	d third narties			23	1	
	24	Unsecured notes and loans payable to unrelated the	·			24		
	25	Other liabilities (including federal income tax, payand other liabilities not included on lines 17 - 24).			25			
	26	Complete Part X of Schedule D Total liabilities. Add lines 17 through 25			0	26	-	0
alances	27	Organizations that follow FASB ASC 958, che complete lines 27, 28, 32, and 33. Net assets without donor restrictions	ck here ▶ □ and			27		

8	28	Net assets with donor restrictions	28			
or Fund		Organizations that do not follow FASB ASC 958, check here				
Ŧ.	29	complete lines 29 through 33. Capital stock or trust principal, or current funds	29			0
S	30	Paid-in or capital surplus, or land, building or equipment fund	30			
Net Assets						366,620
As	31	3,, ,	31			366,620
et	32					366,620
~	33	Total liabilities and net assets/fund balances	33			
				Г	orm 990	1 (2020)
		Page 12				
		Tage 12				
Forn	า 990	(2020)			P	Page 12
Pa	art XI	Reconcilliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		<u> </u>	
	Tot	al revenue (must equal Part VIII, column (A), line 12)	1			242,599
1 2		al expenses (must equal Part IX, column (A), line 25)	2			161,552
3		enue less expenses. Subtract line 2 from line 1	3			81,047
4		assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			285,573
			5			
5		unrealized gains (losses) on investments	_			(
6		nated services and use of facilities	6			(
7		estment expenses	7			(
8		or period adjustments	8			(
9		er changes in net assets or fund balances (explain in Schedule O)	9			(
		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10			366,620
Pa	art XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII	-	 	 Yes	No
1		ounting method used to prepare the Form 990:			ı	
		edule O.			,	
2	W ei	re the organization's financial statements compiled or reviewed by an independent accountant?		2a	,	No
		'es,' check a box below to indicate whether the financial statements for the year were compiled or reviewed carate basis, consolidated basis, or both:	n a			
		Separate basis Consolidated basis Both consolidated and separate basis				
b	Wei	re the organization's financial statements audited by an independent accountant?		2b	ı	No
		'es,' check a box below to indicate whether the financial statements for the year were audited on a separate solidated basis, or both:	basis,			
		Separate basis Consolidated basis Both consolidated and separate basis				
c		Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight he audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	,	
		ne organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O	H	+	
		to organization shariged states the organization process arising the tank year, explain in early			ı	
3		a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir lit Act and OMB Circular A-133?	ngle	3a		No
b		res," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red			
	aud	it or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		(2020)
				F	orm 990	1 (2020)
		(2020)		_		1
A	uait	ional Data		Returi	n to For	rm
		Software ID: 20012124				

Software Version: v1.00

Form 990, Special Condition Description:

efile Public Visual Render

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

ObjectId: 202103199349302015 - Submission: 2021-11-13

Public Charity Status and Public Support
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.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

TIN: 46-4604398OMB No. 1545-0047

2020

Open to Public Inspection

Name RAZOM		ne organization					Employer identific	ation number	
RAZUN	TINC						46-4604398		
Pai		Reason for Public					ee instructions.		
	rganız	ation is not a private four		•	_		(A)(:)		
1		A church, convention of	,				(A)(I).		
2		A school described in se							
3		A hospital or a cooperat	•	5		. , , , , , ,	•		
4		A medical research organame, city, and state:	nization operat	ed in conjunction with	a hospital descri	bed in section 1	L 70(b)(1)(A)(iii). Er	nter the hospital's	
5		An organization operate 170(b)(1)(A)(iv). (Co			sity owned or op	erated by a gove	ernmental unit describ	oed in section	
6		A federal, state, or local	government or	governmental unit de	scribed in sectio	n 170(b)(1)(A)(v).		
7	✓	An organization that not section 170(b)(1)(A)			s support from a	governmental u	nit or from the genera	al public described in	
8		A community trust desc	ribed in sectior	170(b)(1)(A)(vi).	(Complete Part I)	[.)			
9		An agricultural research non-land grant college of						ege or university or a	
10		An organization that not from activities related to investment income and 30, 1975. See section !	its exempt fur unrelated busin	nctions—subject to cert less taxable income (le	ain exceptions, a	and (2) no more	than 331/3% of its su	pport from gross	
11		An organization organize	ed and operated	d exclusively to test for	public safety. S	ee section 509	(a)(4).		
12		An organization organize more publicly supported in lines 12a through 12d	organizations (described in section 5	09(a)(1) or sec	tion 509(a)(2)). See section 509(a		
а		Type I. A supporting or organization(s) the pow complete Part IV, Sec	er to regularly a	appoint or elect a majo					
b		Type II. A supporting of management of the sup must complete Part I'	porting organiza	ation vested in the san					
С		Type III functionally supported organization(integrated. A s	supporting organization				ted with, its	
d		Type III non-function functionally integrated. instructions). You must	The organizatio	n generally must satisf	y a distribution r				
е		Check this box if the orgintegrated, or Type III n	janization recei	ved a written determin	ation from the IF	RS that it is a Ty	pe I, Type II, Type III	functionally	
f	Enter	the number of supported	dorganizations				<u> </u>		
g		de the following informati Jame of supported					(m) Amount of	(ni) Amount of	
	(I) N	organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		Is the organization listed our governing document? (v) Amount of monetary support (see instructions) (vi) Amount of other support (see instructions)			
					Yes	No			
Total	1								
For P	aperv	work Reduction Act Not or 990-EZ.	ice, see the I	nstructions for	Cat. No. 11285	F S	Schedule A (Form 9	90 or 990-EZ) 2020	

	ection A. Public Support	1		1	1	-	
	endar year fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	77,737	155,596	125,885	116,182	238,448	713,848
2	include any "unusual grant.") . Tax revenues levied for the organization's benefit and either paid	0	0	0	0		0
3	to or expended on its behalf The value of services or facilities furnished by a governmental unit to	0	0	0	0		0
	the organization without charge	Ü	0	0	· ·		
	Total. Add lines 1 through 3	77,737	155,596	125,885	116,182	238,448	713,848
	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) Public support. Subtract line 5 from line 4.						713,848
S	ection B. Total Support	Į.			I		
	endar year fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	77,737	155,596	125,885	116,182	238,448	713,848
8	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and	866	1,272	1,566	3,081	4,151	10,936
	income from similar sources						
9	Net income from unrelated business activities, whether or not the	0	0	0	0		0
	business is regularly carried on				_		
10	Other income. Do not include gain or loss from the sale of capital assets	0	0	0	0		0
	(Explain in Part VI.)		,	,	· ·		
11	Total support. Add lines 7 through 10						724,784
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for t	he organization's f	irst, second, third	, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organ	ization, check
	this box and stop here					▶□	
S	ection C. Computation of Public						
	Public support percentage for 2020 (lir					14	98.491 %
	Public support percentage for 2019 Sci					15	94.821 %
16a	33 $1/3\%$ support test—2020. If the						_
b	and stop here. The organization quali 33 1/3% support test—2019. If the	e organization did	not check a box o	n line 13 or 16a, a	and line 15 is 33 _{1/}	3% or more, check	this
17a	box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organizatio in Part VI how the organization meets	:— 2020. If the org n meets the "facts	ganization did not -and-circumstance	check a box on lires" test, check this	ne 13, 16a, or 16b s box and stop he	, and line 14 r e. Explain	▶□
b	organization	st—2019. If the or ation meets the "i	rganization did not facts-and-circumst	t check a box on li cances" test, check	k this box and sto	p here.	▶□
	supported organization						▶□
18	Private foundation. If the organization.				•		▶ □
	instructions		<u> </u>			e A (Form 990 o	
					Schedu	e A (FOI III 990 0	1 990-22) 2020
			Page 3				
			. age 3				
Cala	adula A (Farra 000 ar 000 F7) 2020						
	edule A (Form 990 or 990-EZ) 2020						Page 3
F	Part III Support Schedule for (Complete only if you	checked the bo	x on line 10 of F	Part I or if the oi	rganization faile		er Part II. If
	the organization fails ection A. Public Support	to qualify under	tne tests listed	below, please c	ompiete Part II.)	
	ection A. Public Support endar year	1, 2, 2016	(1.) 2017	1, 2010	(I) 2040	() 2020	(C) T
(Or	fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not	1		1			
	include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services	1		1			_
	performed, or facilities furnished in	1		1			
	any activity that is related to the	1		1			

	organization s tax exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business								
	under section 513								
4	Tax revenues levied for the organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
7a	Amounts included on lines 1, 2, and								
h	3 received from disqualified persons Amounts included on lines 2 and 3					-			
b	received from other than disqualified								
	persons that exceed the greater of								
	\$5,000 or 1% of the amount on line 13 for the year.								
c	Add lines 7a and 7b								
8	Public support. (Subtract line 7c from line 6.)								
Se	ection B. Total Support								
	endar year	(-) 2016	(L) 2017	(-) 2010	(4) 2010	(-) 2020	15	T-4-1	
(or	fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(т	Total	
9	Amounts from line 6 Gross income from interest,								
10a	dividends, payments received on								
	securities loans, rents, royalties and								
b	income from similar sources Unrelated business taxable income					-			
b	(less section 511 taxes) from								
	businesses acquired after June 30, 1975.								
c	Add lines 10a and 10b.								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on.								
12									
	loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c,								
	11, and 12.) First 5 years. If the Form 990 is for the	no organization's	first second th	rd fourth or fif	th tay year as a se	ction 501(c)(3) organiza	tion	
14	check this box and stop here	-					, -	-	\cap
Se	ection C. Computation of Public S					<u> </u>			
15	Public support percentage for 2020 (lin	ne 8, column (f) o	livided by line 13	3, column (f)) .		15			
16	Public support percentage from 2019 S	Schedule A, Part I	II, line 15			16			
Se	ection D. Computation of Invest								
17	Investment income percentage for 202					17			
18	Investment income percentage from 2	•				18			
	331/3% support tests—2020. If the o							_	
	more than 33 1/3%, check this box and s								10 :-
b	• •	-							18 15
20	not more than 33 1/3%, check this box	-	_		,	_		_	
	Private foundation. If the organization	on did not check	a box on line 14,	19a, or 19b, cn		ee instruction lule A (Form			2020
					Selice	idic A (10111	. 550 0. 5	, ,	2020
			Page 4						
Cele .	dula A (Form 000 -= 000 F7) 2020								_
	dule A (Form 990 or 990-EZ) 2020							ŀ	Page 4
Par	t IV Supporting Organization: (Complete only if you checked a		of Part I If you o	hacked hov 12a	of Part I complet	a Sactions A	and B. If v	nu chac	·kod
	box 12b, of Part I, complete Se								
	12d, of Part I, complete Section		omplete Part V.)						
Se	ection A. All Supporting Organization	ations						1	
				_			Г	Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the su								
	describe the designation. If historic and				ica by class of pul	μυσε,	<u> </u>		
2	Did the organization have any supporte	_					1		
2		ad arganization ti	aat daac nat heli	o an IDC dataria	aination of status	ndor coction		-	Ī
	509(a)(1) or (2)? If "Yes," explain in P								
							2		

	Sc Boow.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4-		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	4c 5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If</i> "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section $4958(c)(3)(C)$), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	-		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).			
	Schedule A (Form 990	or 99	0-EZ)	2020
	Page 5			
	Tage 5			
Sche	dule A (Form 990 or 990-EZ) 2020		F	age 5
Par	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the			
а	governing body of a supported organization?	11a		
b	A family member of a person described in 11a above?	11b		
c	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .	11c		
Se	ection B. Type I Supporting Organizations			
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No

_	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit				
	carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2			
Se	ection C. Type II Supporting Organizations				
	section of Type 12 Supporting Organizations		Yes	No	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of				
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1			
Se	ection D. All Type III Supporting Organizations	<u> </u>		L	
			Yes	No	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's				
	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing				
	documents in effect on the date of notification, to the extent not previously provided?	1			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	<u> </u>			
_		2			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times	<u> </u>			
	during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.				
Se	ection E. Type III Functionally-Integrated Supporting Organizations				
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons):			
ā	The organization satisfied the Activities Test. Complete line 2 below.				
ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.				
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)		
2	Activities Test. Answer lines 2a and 2b below.				
			Yes	No	
ā	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported				
	organizations and explain how these activities directly furthered their exempt purposes, how the organization was				
	responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a			
ŀ	Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the				
	organization's involvement.	2b			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.				
ā	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI.	3а			
ŀ	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard.				
		3b			
	Schedule A (Form 990	or 99	90-EZ)	2020	
	Page 6				
	Tage 0				
Sche	dule A (Form 990 or 990-EZ) 2020			Page 6	
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations		<u>'</u>	uge U	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part V		e		
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through		rent Yea	<u> </u>	
	Section A - Adjusted Net Income	optic)		ıı	
1	Net short-term capital gain 1				
2	Recoveries of prior-year distributions 2				
3	Other gross income (see instructions)				
4	Add lines 1 through 3 4				
5	Depreciation and depletion 5				
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)				
7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) 8				
	Section B - Minimum Asset Amount (A) Prior Year		rent Yea	ır	

1	Aggregate fair market value of all non-exempt-use ass tax year or assets held for part of year):	sets (see instructions for short	1			
a	Average monthly value of securities		1a			
	Average monthly cash balances		1b			
	Fair market value of other non-exempt-use assets		1c			
	Total (add lines 1a, 1b, and 1c)		1d			
	Discount claimed for blockage or other factors					
2	(explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt use	a accets	2			
3	Subtract line 2 from line 1d	assets	3			
4	Cash deemed held for exempt use. Enter 0.015 of line	3 (for greater amount, see				
-	instructions).		4			
5	Net value of non-exempt-use assets (subtract line 4 fr	om line 3)	5			
6	Multiply line 5 by 0.035		6			
7	Recoveries of prior-year distributions		7			
8	Minimum Asset Amount (add line 7 to line 6)		8			
	Section C - Distributable Amount					Current Year
1	Adjusted net income for prior year (from Section A, lin	e 8, Column A)	1			
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B,	line 8, Column A)	3			
4	Enter greater of line 2 or line 3		4			
5	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, un temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally-i	ntegrate	ed Type III s	upporting	organization (see
				Sche	dule A (Form 990 or 990-EZ) 2020
		Page 7 ————				
Pai	dule A (Form 990 or 990-EZ) 2020 Type III Non-Functionally Integrated	<u> </u>	Organi	zations ((continued	
Pai		<u> </u>	Organi	zations (continued	
Sec	rt V Type III Non-Functionally Integrated	509(a)(3) Supporting (Organi	zations (continued)
Sec 1	t V Type III Non-Functionally Integrated tion D - Distributions	509(a)(3) Supporting ()
Sec 1	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers e	exempt purposes exempt purposes of supported exempt purposes	organiza		1)
Secondary 2	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes exempt purposes of supported exempt purposes	organiza		1 2)
Par Second 1 2 4 4	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt pur	exempt purposes exempt purposes of supported opposes of supported organization	organiza		1 2 3)
Par Second 1 2 4 5 5	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt pur Amounts paid to acquire exempt-use assets	exempt purposes exempt purposes of supported organization d - provide details in Part VI)	organiza		1 2 3 4)
Par Sec 1 2 3 4 5	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt puramounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required)	exempt purposes exempt purposes of supported organization d - provide details in Part VI)	organiza		1 2 3 4 5)
Pai Sec 1 2 4 3 4 5 6 7 1 8	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt puramounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instruction	exempt purposes exempt purposes of supported organization d - provide details in Part VI)	organiza	ations, in	1 2 3 4 5 6)
Par Second 1	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt puramounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instruction Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to wh	exempt purposes exempt purposes of supported organization d - provide details in Part VI)	organiza	ations, in	1 2 3 4 5 6 7)
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Par Second 1	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt pural Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instruction Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to what details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions)	exempt purposes exempt purposes of supported organization d - provide details in Part VI) ich the organization is respons	organiza ins	vide	1 2 3 4 5 6 7 8 9	Current Year
Pai Sec 1	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt pural Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instruction Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to what details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions)	exempt purposes exempt purposes of supported organization d - provide details in Part VI) ins ich the organization is respons	organiza ins	vide (ii)	1 2 3 4 5 6 7 8 9	Current Year (iii) Distributable
Paid Section 1	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt pural amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instruction fotal annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to what details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 Inderdistributions, if any, for years prior to 2019 reasonable cause required explain in Part VI).	exempt purposes exempt purposes of supported organization d - provide details in Part VI) ins ich the organization is respons	organiza ins	vide (ii)	1 2 3 4 5 6 7 8 9	Current Year (iii) Distributable
Paid Section 1	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt pur Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instruction Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to what details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 Inderdistributions, if any, for years prior to 2019 reasonable cause required—explain in Part VI). See instructions. Exercises distributions carryover, if any, to 2020:	exempt purposes exempt purposes of supported organization d - provide details in Part VI) ins ich the organization is respons	organiza ins	vide (ii)	1 2 3 4 5 6 7 8 9	Current Year (iii) Distributable
Paid Section 1	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt pural amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instruction Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to what details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 Inderdistributions, if any, for years prior to 2019 reasonable cause required explain in Part VI). in the control of the part violations is any, for years prior to 2019 reasonable cause required explain in Part VI). in the control of the part violations is any, for years prior to 2019 reasonable cause required explain in Part VI). In the part violations is any, for years prior to 2019 reasonable cause required explain in Part VI).	exempt purposes exempt purposes of supported organization d - provide details in Part VI) ins ich the organization is respons	organiza ins	vide (ii)	1 2 3 4 5 6 7 8 9	Current Year (iii) Distributable
9 10 L S 3 E a b	Type III Non-Functionally Integrated tion D - Distributions Amounts paid to supported organizations to accomplish Amounts paid to perform activity that directly furthers excess of income from activity Administrative expenses paid to accomplish exempt pur Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required Other distributions (describe in Part VI). See instruction Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to what details in Part VI). See instructions Distributable amount for 2020 from Section C, line 6 Line 8 amount divided by Line 9 amount Section E - Distribution Allocations (see instructions) Distributable amount for 2020 from Section C, line 6 Inderdistributions, if any, for years prior to 2019 reasonable cause required—explain in Part VI). See instructions. Exercises distributions carryover, if any, to 2020:	exempt purposes exempt purposes of supported organization d - provide details in Part VI) ins ich the organization is respons	organiza ins	vide (ii)	1 2 3 4 5 6 7 8 9	Current Year (iii) Distributable

e From 2019

f Total of lines 3a through e			
g Applied to underdistributions of prior years	1		
h Applied to 2020 distributable amount			
 Carryover from 2015 not applied (see instructions) 			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			
	———— Page 8 ————	Scriedule A (I	Form 990 or 990-EZ) (2020)
chedule A (Form 990 or 990-EZ) 2020			Page 8
Supplemental Information. Provide the exp Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a Part IV, Section D, lines 2 and 3; Part IV, Section D, lines 5, 6, and 8; and Part V, Section Instructions).	, 9b, 9c, 11a, 11b, and 11c; Pa ion E, lines 1c, 2a, 2b, 3a and	art IV, Section B, lines 1 and 2 3b; Part V, line 1; Part V, Sect	; Part IV, Section C, line 1; ion B, line 1e; Part V
F	Facts And Circumstances Tes	st	
Return Reference	[Explanation	
		Schedule A ((Form 990 or 990-EZ) 2020
Additional Data			Detum to Found

Return to Form

efile Public Visual Rer		2015 - Submission: 2021-11-13		TIN: 46-4604398
Schedule B Form 990, 990-EZ,	Sche	edule of Contributors		OMB No. 1545-0047
or 990-PF)		ch to Form 990, 990-EZ, or 990-PF.		2020
Department of the Treasury nternal Revenue Service	► Go to <u>www.i</u>	r <u>s.gov/Form990</u> for the latest inform	ation.	2020
Name of the organization	<u>1 </u>		Employer id	dentification number
RAZOM INC			46-4604398	
Organization type (ch	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	☐ 501(c)() (enter number	er) organization		
	☐ 4947(a)(1) nonexempt	charitable trust not treated as a p	rivate foundation	
	☐ 527 political organization	n		
Form 990-PF	☐ 501(c)(3) exempt privat	e foundation		
	4947(a)(1) nonexempt	charitable trust treated as a privat	e foundation	
	☐ 501(c)(3) taxable privat	e foundation		
	tion is covered by the General Rule 01(c)(7), (8), or (10) organization ca		ral Rule and a Special Rul	e. See instructions.
For an organize money or other contributions.	zation filing Form 990, 990-EZ, or 9 er property) from any one contributo	90-PF that received, during the year. Complete Parts I and II. See ins	ear, contributions totaling structions for determining	\$5,000 or more (in a contributor's total
Special Rules				
under sections received from a	ation described in section 501(c)(3) 509(a)(1) and 170(b)(1)(A)(vi), that any one contributor, during the year, ne 1h, or (ii) Form 990-EZ, line 1.	checked Schedule A (Form 990 o total contributions of the greater of	r 990-EZ), Part II, line 13,	16a, or 16b, and that
during the year,	ation described in section 501(c)(7), total contributions of more than \$1 r the prevention of cruelty to childre	,000 exclusively for religious, char	ritable, scientific, literary, c	ny one contributor, or educational
during the year, If this box is che purpose. Don't	ation described in section 501(c)(7), contributions exclusively for religion ecked, enter here the total contributions totaling \$5,000,000,000,000,000,000,000,000,000,0	us, charitable, etc., purposes, but ions that were received during the e General Rule applies to this org	no such contributions totale year for an exclusively reganization because it rece	aled more than \$1,000. eligious, charitable, etc. ived <i>nonexclusively</i>
990-EZ, or 990-PF), bu	on that isn't covered by the Genera it it must answer "No" on Part IV, lir Part I, line 2, to certify that it doesn't	ne 2, of its Form 990; or check the	box on line H of its Form	
For Paperwork Reduction for Form 990, 990-EZ, or 9	Act Notice, see the Instructions 90-PF.	Cat. No. 30613X	Schedule B (Form 990), 990-EZ, or 990-PF) (2020
		Page 2 ———————————————————————————————————		

Part I

Part II

Contributors	CONTRIDUTORS (see instructions). Use duplicate copies of Part I if additional contributors.	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		<u> </u>	Person Payroll Noncash (Complete Part II for noncash contributions.)
	Daga 2	Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2020)
Schodulo B /Form	Page 3 —		Dogo 3
Name of organization RAZOM INC	n 990, 990-EZ, or 990-PF) (2020) on	Employer identificati	Page 3 on number

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

46-4604398

(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) instructions)	(d) Date received
-					\$	
(a)					(c)	4.0
No. from Part I	(b) Description of noncash	property giver	1		or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property giver	1		(c) or estimate) instructions)	(d) Date received
-					\$	
(a) No. from Part I	(b) Description of noncash	property giver	1	,	(c) or estimate) instructions)	(d) Date received
					\$_	
					Schedule B (For	m 990, 990-EZ, or 990-PF) (2020)
		———— Pa	age 4 ————			
	B (Form 990, 990-EZ, or 990-PF) (2020)					Page 4
Name of or RAZOM INC	rganization C				46-4604398	ntification number
Part III	Exclusively religious, charitable, etc., conthan \$1,000 for the year from any one conorganizations completing Part III, enter the year. (Enter this information once. See instructional seed of the property of the property of the year.)	tributor. Comple e total of exclus etructions.) ►	ete columns (a) thr sively religious, ch	rough (e)	and the following	ig line entry. For
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
-	Transferee's name, address, and		Transfer of gift R	elationsh	ip of transferor to	o transferee
		<u> </u>				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Descri	ption of how gift is held
Ī	T	(e)	Transfer of gift			

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and Z	(e) Transfer of gift IP 4 Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>	Transferee's name, address, and Z	(e) Transfer of gift IP 4 Relation	onship of transferor to transferee
		<u></u>	nedule B (Form 990, 990-EZ, or 990-PF) (2020

Additional Data Return to Form

efile Public Visual Render ObjectId: 202103199349302015 - Submission: 2021-11-13

TIN: 46-4604398

2020

of noncash

OMB No. 1545-0047

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to 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.

Open to Public Inspection

Internal Revenue Service Name of the organization

RAZOM INC

SCHEDULE F

(Form 990)

Employer identification number

46-4604398

Pa	General Information Form 990, Part IV, line		Outside the	United States. Comple	ete if the organization a	nswered "Yes" on
1	For grantmakers. Does the o other assistance, the grantees' to award the grants or assistan	eligibility for th	e grants or assi	stance, and the selection	n criteria used	☑ Yes □ No
2	For grantmakers. Describe in outside the United States.	Part V the orga	anization's proce	edures for monitoring the	e use of its grants and oth	er assistance
3	Activites per Region. (The following	ng Part I, line 3 t	able can be dupl	icated if additional space is	s needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	fundraising, program	(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
	Russia and the newly independent States	0	0	Grantmaking	Grants were given to support Building Ukraine Together, Zhadan Foundation, Veterans Stipends and flood relief.	20,606
						_
						_
						_
	Sub-total Total from continuation sheets to Part I					
	Totals (add lines 3a and 3b)	0	0		N. 50003W	20,606
For F	aperwork Reduction Act Notice, se	e the Instruction	s for Form 990.	Cat.	No. 50082W Schedul	e F (Form 990) 2020
			P	age 2 ————		
	dule F (Form 990) 2020					
Pai	t II Grants and Other As	ssistance to	Organization	s or Entities Outsid	e the United States.	Complete if the orga

Page 2

Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (b) IRS code section (e) Amount of (a) Name of organization (g) Amount of noncash (i) Method of valuation (c) Region (d) Purpose of (f) Manner of (h) Description cash grant

-	and EIN (if applicable)				disbursement	assistance	assistance	(book, FMV, appraisal, other)
		independent States	Building houses and youth venues for underprivileged communities in Ukraine. Development of volunteering and civic engagement culture among Ukrainian youth with Razom Partner BUR.	9,256	wire	0		book

2 Enter total numb	or of roc	iniont o	rannizations	listed above	that are recog	nizod ac	charities by t	ho foreign (sountry r	ocognized a	c tay				
2 Enter total number exempt by the II	RS, or fo	r which t	the grantee	or counsel h	as provided a s	ection 5	01(c)(3) equi	valency lette	er		>			1	
3 Enter total numb	er of oth	er orgar	nizations or	entities			<u></u>			<u></u>	•	Sch	edule l	0 F (Form 990) 202	20
							Daga 2								
C	2020						– Page 3 –								
Schedule F (Form 990) Part III Grants		ther As	sistance t	o Individua	ıls Outside th	ne Unite	ed States. C	omplete if	the orga	nization ans	swered "	Yes" on Form	990, F	Page Part IV, line 16.	3
				onal space i	ı				-			D			
(a) Type of grant or as	ssistance	(b)	Region	(c) Number recipients	of (d) Amou cash gra		(e) Manne disburse		nor	nount of ncash stance	of	Description noncash ssistance		(h) Method of valuation (book, FMV,	
									u331.	stance		ssistance	+-	appraisal, other)	
													—		
													┷		
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												Sche	dule F	(Form 990) 2020	_
							– Page 4 <i>–</i> –								
Schedule F (Form 990) Part IV Foreign										Page 4	4				
	y be requi	ired to file	e Form 926, R	Return by a U.S	. Transferor of Pi	roperty to	a Foreign Corp	oration (see			_				
Instructions for 2 Did the organiza	,								☐ Y€	es 🛂 No)				
to separately file Gifts, and/or For	e Form 35. rm 3520-A	20, Annua I, Annual	al Return to R Information F	eport Transact Return of Forei	ions with Foreign gn Trust With a U	Trusts and I.S. Owne	nd Receipt of Ce r (see Instructi	ertain Foreign ons for Forms	1	es 🔽 No)				
3 Did the organiza may be required (see Instructions	to file Fo	rm 5471,	Information I	Return of U.S.		pect to Ce	ertain Foreign C	Corporations.	n Ye	es 🔽 No)				
4 Was the organiz fund during the Shareholder of a	tax year?	If "Yes,"	the organizati	ion may be req		8621, In	formation Retu	rn by a	☐ Y€	es 🗸 No)				
5 Did the organiza may be required	ation have If to file Fo	an owner	rship interest Return of U.S	in a foreign pa S. Persons with	rtnership during Respect to Certa	the tax ye	ear? If "Yes," th n Partnerships	e organizatio (see	n _	_					
	Instructions for Form 8865)														

organizat	ion may be required to sepa	tions in or related to any boycotting countries during the tax year? If "Yes," the arately file Form 5713, International Boycott Report (see Instructions for Form
		Schedule F (Form 990) 2020
		Page 5 ————
Schedule F (For	m 990) 2020	Page 5
Pr ar m	nounts of investments v	equired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; s. expenditures per region); Part II, line 1 (accounting method); Part III (accounting umn (c) (estimated number of recipients), as applicable. Also complete this part to provide
R	eturnReference	Explanation
Schedule F, Part	I, Line 2	Razom requires that its grantees document their activities via financial reports, impact reports and social media posts. For long-term grantees, Razom enters into partnership agreements that set the framework of cooperation and reporting requirements including impact reports.
		Schedule F (Form 990) 2020

Additional Data

efile Public Visual Render

ObjectId: 202103199349302015 - Submission: 2021-11-13

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 990-EZ.

► Go to <u>www.irs.gov/Form990</u> for the latest information.

TIN: 46-4604398 OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization RAZOM INC

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

46-4604398

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Draft of completed form was shared by email with members of the board for review and comment.
Form 990, Part VI, Section B, Line 12c	Each Director and Officer annually signs a statement affirming the understanding of and agreement to comply with Razom's Conflict of Interest policy. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the interest and be given the opportunity to disclose all material facts to the Board of Directors or committee considering the proposed transaction or arrangement. The Board reviews each situation, determines if a conflict exists, and conducts due diligence to determine if a more advantageous solution that does not involve a COI exists. In conformity with the above determination, the Board makes a decision as to whether to enter into the transaction or arrangement. In case of Conflict of Interest policy violations an appropriate disciplinary corrective action will be taken.
Form 990, Part VI, Section C, Line 18	Razom's form 990/990 EZ filings are available through NY State Charities platform, as well as websites such as Guidestar and Charity Navigator.
Form 990, Part VI, Section C, Line 19	Documents are available upon request.

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

Cat. No. 51056K

Schedule O (Form 990 or 990-EZ) 2020

Additional Data

Return to Form