

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization RAZOM, INC. D Employer identification number 46-4604398 E Telephone number 646-449-9750 G Gross receipts \$ 51,009,568. H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: RAZOMFORUKRAINE.ORG K Form of organization: L Year of formation: 2014 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Line number, Description, and Amount. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature of officer: OKSANA FALENCHUK, CHIEF FINANCIAL OFFICER. Preparer: OLGA YASINNIK, CPA. Date: 10/16/24. PTIN: P01641608.

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: RAZOM, WHICH MEANS "TOGETHER" IN UKRAINIAN, WAS FORMED IN 2014 TO SUPPORT HUMAN RIGHTS, DEMOCRACY AND CIVIL SOCIETY IN UKRAINE AND THE PEOPLE OF UKRAINE THROUGH PROGRAMS IN HUMANITARIAN AID, EDUCATION, CULTURE, AND CIVIC SOCIETY. RAZOM MAINTAINS A RELENTLESS FOCUS ON THE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 51,129,750. including grants of \$ 40,816,843. ) (Revenue \$ ) IN FEBRUARY 2022, THE ORGANIZATION RESPONDED IMMEDIATELY TO THE FULL-SCALE INVASION OF UKRAINE WITH LARGE-SCALE EFFORTS TO PROVIDE DISASTER RELIEF. HUNDREDS OF THOUSANDS OF PEOPLE DONATED TO RAZOM BECAUSE OF ITS TRACK RECORD, ITS DEEP ROOTS IN UKRAINE, AND ITS ABILITY TO DETERMINE NEED AND MATCH IT WITH RELIEF. OVER THE LAST TWO YEARS, RAZOM HAS RAISED \$139+ MILLION, DEPLOYED \$116+ MILLION AND HAS A PERMANENT PRESENCE IN THE U.S. AND IN UKRAINE. AS DECEMBER 31, 2023, RAZOM HAD MORE THAN 220,000 DONORS AND SUBSCRIBERS AND SOME 100,000 SOCIAL MEDIA FOLLOWERS.

IN 2023, RAZOM TRANSFORMED ITSELF FROM A VOLUNTEER ORGANIZATION TO A PROFESSIONAL NON-PROFIT WITH A BOARD OF DIRECTORS THAT DELIVERS COMPLEX

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

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

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

4e Total program service expenses 51,129,750.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY, NJ, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
THE ORGANIZATION - 646-449-9750
140 2ND AVE, 305, NEW YORK, NY 10003

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) THEODORA CHOMIAK CEO	40.00			X			199,667.	0.	0.	
(2) ZOE RIPECKY COO	40.00			X			181,267.	0.	2,986.	
(3) OKSANA FALENCCHUK CFO	40.00			X			180,000.	0.	750.	
(4) MARIYA SOROKA ADVOCACY PROGRAM LEAD	40.00				X		151,650.	0.	0.	
(5) MYKOLA MURSKYJ ADVOCACY PROGRAM LEAD	40.00				X		118,400.	0.	2,736.	
(6) LYDIA KOKOLSKYJ VP OF DEVELOPMENT	40.00				X		110,061.	0.	1,050.	
(7) ANNA SOLOVEI RELIEF PROGRAM LEAD	40.00				X		106,000.	0.	3,300.	
(8) ANASTASIA RAB CO-CHAIR	10.00	X		X			0.	0.	0.	
(9) OLGA YARYCHIVSKA CO-CHAIR	10.00	X		X			0.	0.	0.	
(10) NONNA KHOURI (TSIGANOK) DIRECTOR	10.00	X					0.	0.	0.	
(11) MARIA GENKIN DIRECTOR	10.00	X					0.	0.	0.	
(12) OLENA NYZHNYKEVYCH DIRECTOR	10.00	X					0.	0.	0.	





**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	75,389.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	50,629,254.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 32,805,400.				
	<b>h Total.</b> Add lines 1a-1f .....		50,704,643.				
Program Service Revenue	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		282,304.			282,304.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ 75,389. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		22,621.				
			26,065.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			-3,444.			-3,444.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions .....			50,983,503.	0.	0.	278,860.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	366,517.	366,517.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	40,450,326.	40,450,326.		
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	553,069.		553,069.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	1,316,415.	1,042,917.	82,319.	191,179.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,526.	3,125.	367.	1,034.
9 Other employee benefits .....	25,806.	18,227.	7,429.	150.
10 Payroll taxes .....	166,885.	93,748.	55,621.	17,516.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	54,803.	29,958.	24,845.	
c Accounting .....	248,425.		248,425.	
d Lobbying .....	165,787.	165,787.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	470,159.	387,214.	82,945.	
12 Advertising and promotion .....	537,365.	455,886.	5,374.	76,105.
13 Office expenses .....	299,541.	55,811.	223,175.	20,555.
14 Information technology .....	116,421.	34,153.	80,946.	1,322.
15 Royalties .....				
16 Occupancy .....	131,134.	98,820.	32,314.	
17 Travel .....	393,565.	327,121.	52,611.	13,833.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....				
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSE</b>	6,661,329.	6,661,329.		
b <b>PROGRAM EVENTS</b>	559,336.	551,213.	8,123.	
c <b>SHIPPING AND LOGISTICS</b>	387,598.	387,598.		
d <b>DONATED GOODS</b>	47,200.			47,200.
e All other expenses	14,107.		1,714.	12,393.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>52,970,314.</b>	<b>51,129,750.</b>	<b>1,459,277.</b>	<b>381,287.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	11,315,307.	<b>1</b>	2,924,776.
	<b>2</b> Savings and temporary cash investments .....	10,617,984.	<b>2</b>	17,298,760.
	<b>3</b> Pledges and grants receivable, net .....	665,075.	<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	35,381.	<b>9</b>	24,793.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....	3,531,410.	<b>11</b>	3,467,948.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	95,756.	<b>14</b>	200,092.
	<b>15</b> Other assets. See Part IV, line 11 .....	173,797.	<b>15</b>	65,065.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	26,434,710.	<b>16</b>	23,981,434.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	195,908.	<b>17</b>	219,433.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	19,105.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	173,797.	<b>21</b>	65,065.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	369,705.	<b>26</b>	303,603.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	25,010,665.	<b>27</b>	23,630,742.
	<b>28</b> Net assets with donor restrictions .....	1,054,340.	<b>28</b>	47,089.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	26,065,005.	<b>32</b>	23,677,831.
<b>33</b> Total liabilities and net assets/fund balances .....	26,434,710.	<b>33</b>	23,981,434.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,983,503.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,970,314.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,986,811.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26,065,005.
5	Net unrealized gains (losses) on investments	5	-400,363.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	23,677,831.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
b	X	
2c	X	
3a		X
3b		

Form 990 (2023)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	116,182.	238,448.	174,155.	87038125.	50704643.	138271553
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	116,182.	238,448.	174,155.	87038125.	50704643.	138271553
<b>5</b> 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) .....						2330686.
<b>6 Public support.</b> Subtract line 5 from line 4.						135940867

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	116,182.	238,448.	174,155.	87038125.	50704643.	138271553
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	3,081.	4,151.	2,894.	52,870.	282,304.	345,300.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						138616853
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	128,613.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	98.07 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	94.82 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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 "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	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 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023



SCHEDULE C  
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>RAZOM, INC.</b>	Employer identification number <b>46-4604398</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check  if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	60,828.													
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	165,787.													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....	226,615.													
<b>d</b> Other exempt purpose expenditures .....	52,743,699.													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....	52,970,314.													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.  
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000.
<b>c</b> Total lobbying expenditures			129,656.	226,615.	356,271.
<b>d</b> Grassroots nontaxable amount			250,000.	250,000.	500,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					750,000.
<b>f</b> Grassroots lobbying expenditures			1,749.	60,828.	62,577.

Schedule C (Form 990) 2023

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: Question, Yes/No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization RAZOM, INC. Employer identification number 46-4604398

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structure, and acquired after 2006), and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023



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

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

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_ %
  - b Permanent endowment \_\_\_\_\_ %
  - c Term endowment \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations?   | 3a(i)  |    |
| (ii) Related organizations?  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.

Part VII Investments - Other Securities

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, and sub-rows (A) through (H).

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

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered (1) through (9).

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

Part IX Other Assets

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered (1) through (9).

Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))

Part X Other Liabilities

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes sub-rows (1) Federal income taxes, (2) through (9).

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... [X]

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B:**

THE ESCROW LIABILITY AMOUNTS ON FORM 990, PART X, LINE 21 CONSIST OF FUNDS HELD FOR OTHER GRASS-ROOTS ORGANIZATIONS.

**PART X, LINE 2:**

RAZOM ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH ASC TOPIC, INCOME TAXES. THIS STANDARD CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS AND PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE COMBINED FINANCIAL STATEMENTS REGARDING A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. RAZOM HAS DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS WHICH QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS AT

**Part XIII** Supplemental Information *(continued)*

DECEMBER 31, 2023. THE INFORMATION RETURNS FOR RAZOM ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE JURISDICTIONS.

COPY

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

RAZOM, INC.

Employer identification number

46-4604398

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
UKRAINE	0	0	GRANTS TO UKRAINIAN NGOS		40,415,476.
UKRAINE	0	0	GRANTS TO INDIVIDUALS		34,850.
<b>3 a</b> Subtotal .....	0	0			40,450,326.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			40,450,326.

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

Schedule F (Form 990) 2023

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	500,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	500,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	482,828.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	463,446.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	338,087.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	244,625.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	225,357.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	220,760.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **92**

3 Enter total number of other organizations or entities .....

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	200,800.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	166,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	157,798.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	143,796.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	134,972.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	115,488.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	114,914.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	112,380.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	111,986.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	95,146.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	82,500.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	82,081.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	73,500.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	71,485.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	70,079.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	66,836.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	65,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	64,803.	WIRE	0.		



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	60,240.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	55,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	52,455.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	51,400.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	50,400.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	50,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	50,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	45,782.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	45,180.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	43,260.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	42,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	40,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	38,240.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	38,152.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	38,152.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	37,100.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	37,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	36,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	35,332.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	35,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	35,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	34,700.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	34,620.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	34,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	34,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	33,935.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	30,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	28,277.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	27,800.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	27,078.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	25,890.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	25,348.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	25,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	25,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	25,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	25,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	25,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	25,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	24,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	22,830.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	22,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	22,088.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	22,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	21,500.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	21,400.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,600.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,441.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	19,800.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	19,350.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	19,050.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	19,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	18,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	18,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	17,871.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	17,781.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	17,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	17,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	16,800.	WIRE	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	16,666.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	16,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,600.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,500.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,261.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,208.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	14,500.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	14,400.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	14,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	14,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	13,800.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	13,800.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	13,670.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	13,530.	WIRE	0.		

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	13,386.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	13,340.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	13,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	13,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	12,900.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	12,750.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	12,510.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	12,500.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	12,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	11,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	11,250.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	11,100.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	11,079.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	11,033.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,700.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,000.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	10,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	9,920.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	9,360.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	9,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	9,200.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	9,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	8,600.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	8,105.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	8,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	8,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,995.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,993.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,990.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,990.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,845.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,695.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,400.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,075.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	7,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	6,827.	WIRE	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	6,650.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	6,600.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	6,500.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	6,440.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	6,080.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	6,025.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	6,000.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,827.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,700.	WIRE	0.		

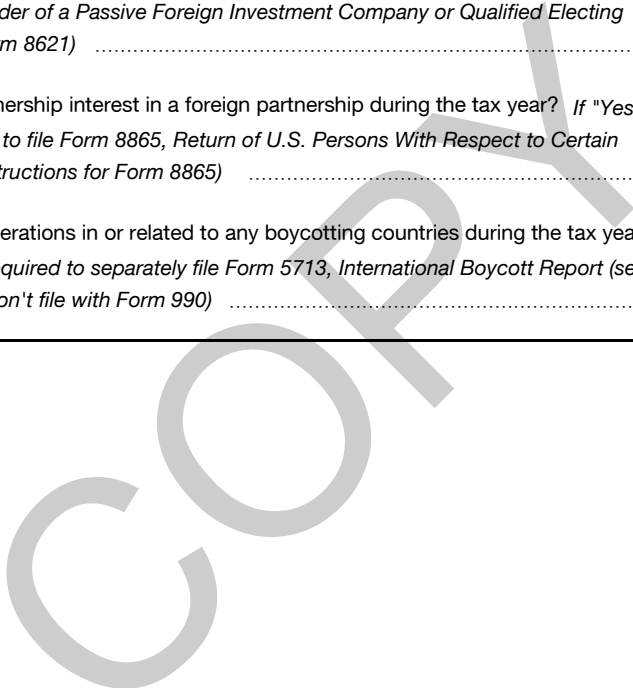
<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,700.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,600.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,500.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,475.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,300.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,100.	WIRE	0.		
		UKRAINE	EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,100.	WIRE	0.		



Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

Schedule F (Form 990) 2023



**Part V Supplemental Information**

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

**PART I, LINE 2:**

RAZOM HAS DESIGNED A ROBUST GRANT APPLICATION AND OVERSIGHT PROCESS DESIGNED TO IDENTIFY THE MOST COMPELLING NEEDS AND ENSURE THAT THE GRANTS WILL BE USED TO MAXIMIZE CHARITABLE IMPACT, INCLUDING THE FOLLOWING:

1. GRANT APPLICATION - THE POTENTIAL GRANTEE OF RECOGNIZED CHARITIES FILLS OUT A GRANT APPLICATION DESIGNED TO ENSURE THAT THE POTENTIAL GRANTEE ORGANIZATION WOULD LIKELY BE A GOOD STEWARD OF CHARITABLE FUNDS AND USE THE FUNDS EFFECTIVELY FOR THE INTENDED CHARITABLE PURPOSES.

2. FIRST CALL - EACH POTENTIAL GRANTEE IS ASSIGNED A PERSONAL GRANT MANAGER AT RAZOM. THE GRANT MANAGER GATHERS INFORMATION ABOUT THE ORGANIZATION AND THE PROJECT PROPOSED TO BE FUNDED BY THE GRANT AND VERIFIES IF THE PROJECT ALIGNS WITH THE MISSION AND PROGRAMS OF RAZOM.

3. SECOND CALL - THE POTENTIAL GRANTEE HAS A SECOND CALL, DURING WHICH AT LEAST TWO MANAGERS FROM RAZOM ARE PRESENT TO ENSURE THAT ALL APPLICATIONS ARE EVALUATED IMPARTIALLY AND FAIRLY.

4. REFERENCE CHECKS - EVERY POTENTIAL GRANTEE IS REQUIRED TO PROVIDE INFORMATION ABOUT TWO INDIVIDUALS WHO CAN BE CONTACTED FOR A RECOMMENDATION REGARDING THEIR WORK. PUBLIC INFORMATION ABOUT THE POTENTIAL GRANTEE IS CHECKED, AND RECOMMENDATIONS ARE SOUGHT FROM OUR CURRENT GRANTEES WHO HAVE COLLABORATED WITH THEM. TO SECURE THE GRANT, A POSITIVE RECOMMENDATION FROM A PERSON WITHIN THE RAZOM NETWORK OR A TRUSTED INDIVIDUAL IS NECESSARY. RAZOM ALSO CONDUCTS COMPREHENSIVE SCREENING STEPS, CHECKING THE SPECIALLY DESIGNATED NATIONALS AND BLOCKED PERSONS LIST OF THE U.S. OFFICE OF FOREIGN ASSETS CONTROL (OFAC), AND OTHER RELEVANT INTERNATIONAL SANCTIONS LISTS.

5. VOTING - THE GRANT APPLICATION OF THE POTENTIAL GRANTEE IS BROUGHT TO A VOTE. EACH MANAGER OF THE GRANT TEAM VOTES ON THE APPLICATION. IN ORDER

**Part V Supplemental Information**

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

FOR THE APPLICATION TO BE APPROVED, ALL MANAGERS MUST VOTE "IN FAVOR" UNANIMOUSLY.

6. GRANT AGREEMENT - THE POTENTIAL GRANTEE PROVIDES THE BACKGROUND DOCUMENTS AND DUE DILIGENCE MATERIALS, WHICH ARE THEN VERIFIED AND A GRANT AGREEMENT IS SIGNED. THE GRANT AGREEMENT INCLUDES VARIOUS PROTECTIVE PROVISIONS, SUCH AS ESTABLISHING THE SPECIFIC CHARITABLE PURPOSES FOR WHICH THE GRANT FUNDS MAY BE USED, PROHIBITING THE USE OF THE GRANT FUNDS FOR ANY OTHER PURPOSES, REQUIRING THAT GRANT FUNDS BE RETURNED IF USED IMPROPERLY AND REQUIRING APPROPRIATE RECORD-KEEPING AND COMPLIANCE WITH APPLICABLE LAW.

7. DISBURSEMENT - THE GRANT FUNDS ARE TRANSFERRED TO THE GRANTEE'S ACCOUNT.

8. PROJECT IMPLEMENTATION - THE GRANTEE UTILIZES THE GRANT FUNDS FOR THE PROJECT THAT WAS APPROVED BY THE GRANT TEAM AND OUTLINED IN THE GRANT AGREEMENT.

9. REPORTING - THE GRANTEE REPORTS TO THEIR PERSONAL GRANT MANAGER ON THE UTILIZATION OF THE GRANT FUNDS AND THE PROGRESS OF THE PROJECT UNTIL THE GRANT FUNDS ARE FULLY EXPENDED. THE REPORT INCLUDES PROVIDING ALL RECEIPTS, PHOTOS, AND VIDEOS NECESSARY FOR THE GRANT TEAM. THE GRANT APPLICATION, THE SIGNED GRANT AGREEMENT AND OTHER RELEVANT DOCUMENTATION ARE MAINTAINED IN RAZOM'S RECORDS.

PART III, COLUMN (G):

REGION: UKRAINE

(G) DESCRIPTION OF NON-CASH ASSISTANCE: CHARITABLE GRANTS AND HUMANITARIAN AID ASSISTANCE TO INDIVIDUALS IN UKRAINE.



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ART FOR UKRAINE (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	98,010.		98,010.
	2	Less: Contributions	75,389.		75,389.
	3	Gross income (line 1 minus line 2)	22,621.		22,621.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	26,065.		26,065.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			26,065.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-3,444.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_







**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization **RAZOM, INC.** Employer identification number **46-4604398**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
HODOS FILMS 50 TICE BLVD WOODCLIFF LAKE, NJ 07677	88-3900003		145,000.	0.			SUPPORT TWO DOCUMENTARIES TO EDUCATE THE AUDIENCES ABOUT UKRAINE
UKRAINIAN JERSEY CITY 105 STORMS AVE UNIT 1 JERSEY CITY, NJ 07306	87-4631621	501(C)(3)	9,577.	0.			SUPPORT THE COST OF HUMANITARIAN AID PROGRAM
LEAP GLOBAL MISSIONS 7777 FOREST LN STE B326 DALLAS, TX 75230	75-2806391	501(C)(3)	35,940.	0.			SUPPORT MEDICAL TRIPS OF US PHYSICIANS TO PROVIDE SURGERIES AND TRAINING IN UKRAINE
MORE IS MORE LLC 13 PENTECOST STREET BRANFORD, CT 06405			10,000.	0.			SUPPORT THE FILM "THE RULE OF TWO WALLS" TO EDUCATE THE AUDIENCES ABOUT UKRAINE
I AM U ARE WORLD 140 2ND AVENUE, SUITE 305 BROOKLYN, NY 10003	98-1843519		70,000.	0.			IMPLEMENTATION OF PANEL DISCUSSION PROJECT
UKRAINIAN CATHOLIC UNIVERSITY FOUNDATION - 2247 WEST CHICAGO AVENUE - CHICAGO, IL 60622	36-4126296	501(C)(3)	15,000.	0.			CONTRIBUTION TO FUNDRAISER FOR THE UKRAINIAN CATHOLIC UNIVERSITY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **6.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **4.**

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

Schedule I (Form 990) 2023

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SYRIAN EMERGENCY TASK FORCE 1455 PENNSYLVANIA AVENUE NW 436 WASHINGTON, DC 20004	45-1230533	501(C)(3)	15,000.	0.			SUPPORT AND SPONSORSHIP OF SYRIA UKRAINE NETWORK (SUN) CONFERENCE IN KYIV
NOVA UKRAINE 3277 S. WHITE RD., PMB 8475 SAN JOSE, CA 95148	46-5335435	501(C)(3)	10,000.	0.			SUPPORT HUMANITARIAN ASSISTANCE TO UKRAINIANS IN ISRAEL
MEDGLOBAL 10604 SOUTHWEST HIGHWAY STE 10 CHICAGO, IL 60415	82-2517347	501(C)(3)	16,000.	0.			CONTRIBUTION TO MEDICAL CLINICS PROJECT IN UKRAINE
PAGAVA & SKRYPKA LLC 520 HART STREET BROOKLYN, NY 11221	92-1861502		40,000.	0.			SUPPORT PANEL DISCUSSIONS AT A FAIR OF UKRAINIAN CREATORS IN LOS ANGELES

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

AFTER A GRANTEE IS SELECTED AND BEFORE A GRANT IS DISBURSED FROM RAZOM TO THE GRANTEE, THE GRANTEE MUST AGREE TO AND SIGN A RAZOM-PROVIDED GRANT AGREEMENT. EACH AGREEMENT DETAILS THE TERMS AND PROVISIONS OF THE GRANT INCLUDING THE GRANTEE'S RESPONSIBILITIES REGARDING REPORTING ON THE USE OF FUNDS. SPECIFICALLY, GRANTEES ARE REQUIRED TO PROVIDE RAZOM WITH A WRITTEN REPORT ON USE OF THE FUNDS FOR GRANT PURPOSE, INCLUDING AN ITEMIZED STATEMENT OF COSTS INCURRED. GRANTEES ARE ALSO REQUIRED TO KEEP ADEQUATE BOOKS AND RECORDS TO SUBSTANTIATE ALL EXPENDITURES OF THE FUNDS FOR A

**Part IV** Supplemental Information

MINIMUM OF FOUR YEARS, AND MUST BE ABLE TO FURNISH SUCH INFORMATION  
PROMPTLY UPON REQUEST.

COPY

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**RAZOM, INC.**

Employer identification number

**46-4604398**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ..... **1b**

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ..... **2**

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? ..... **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III ..... **7**

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) THEODORA CHOMIAK CEO	(i)	199,667.	0.	0.	0.	0.	199,667.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ZOE RIPECKY COO	(i)	181,267.	0.	0.	850.	2,136.	184,253.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) OKSANA FALENCHUK CFO	(i)	180,000.	0.	0.	750.	0.	180,750.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MARIYA SOROKA ADVOCACY PROGRAM LEAD	(i)	151,650.	0.	0.	0.	0.	151,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **RAZOM, INC.** Employer identification number **46-4604398**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	29	391,892.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	34	31,330,896.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( FUNDRAISER DONA )	X	21	47,200.	FMV
26 Other ( VARIOUS SUPPLIE )	X	9	6,813.	FMV
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... 29 1

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2023

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Horizontal lines for supplemental information input.

COPY

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

RAZOM, INC.

Employer identification number

46-4604398

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CIVIL SOCIETY IN UKRAINE AND THE PEOPLE OF UKRAINE THROUGH PROGRAMS IN  
HUMANITARIAN AID, EDUCATION, CULTURE, AND CIVIC SOCIETY. RAZOM  
MAINTAINS A RELENTLESS FOCUS ON THE NEEDS ON THE GROUND IN UKRAINE AND  
ON THE OPPORTUNITIES TO AMPLIFY VOICES FROM UKRAINE IN CONVERSATIONS IN  
THE UNITED STATES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NEEDS ON THE GROUND IN UKRAINE AND ON THE OPPORTUNITIES TO AMPLIFY  
VOICES FROM UKRAINE IN CONVERSATIONS IN THE UNITED STATES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS AND ASSISTANCE IN UKRAINE WHILE ABIDING BY ALL U.S. LAWS.  
ORGANIZATIONAL OVERSIGHT IS MANAGED BY A FIDUCIARY GOVERNING BOARD  
ALONG WITH AN EXECUTIVE TEAM.

WE DELIVER ON OUR MISSION THROUGH FIVE PROGRAM AREAS:

RAZOM HEROES IS DELIVERING LIFE-SAVING AID SUPPLIES AND TRAINING TO  
FIRST RESPONDERS AND FRONTLINE MEDICS.

RAZOM HEALTH IS STRENGTHENING A MODERN HEALTHCARE SYSTEM TO SERVE  
UKRAINIANS NOW AND AFTER VICTORY.

RAZOM RELIEF IS SUPPORTING UKRAINIAN GRASSROOTS NGOS THAT SUPPLY  
HUMANITARIAN AID TO VULNERABLE COMMUNITIES.

RAZOM ADVOCACY IS SUPPORTING LEGISLATION AND POLICY FOR UKRAINIAN  
VICTORY.

RAZOM CONNECT CELEBRATES AND PROMOTES THE VIBRANCY OF UKRAINIAN VOICES

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

RAZOM, INC.

Employer identification number

46-4604398

THROUGH EDUCATION, VOLUNTEERING, AND THE ARTS.

KEY ACHIEVEMENTS OF RAZOM'S PROGRAMS INCLUDE:

RAZOM HEROES - PROVIDING LIFESAVING SUPPORT TO THOSE DOING THE VALIANT WORK OF SAFEGUARDING LIVES ACROSS UKRAINE. WE ARE FOCUSED ON

DELIVERING MEDICAL SUPPLIES, DISASTER RELIEF SUPPLIES LIKE RADIOS AND GENERATORS, AND VEHICLES EQUIPPED FOR MEDICAL EVACUATIONS. WORKING

WITH ON-THE-GROUND PARTNERS, RAZOM HEROES ENABLES COMPREHENSIVE MEDIC TRAINING BASED ON INTERNATIONAL BEST PRACTICES. THIS IS SUPPORTED BY

BEST-IN-CLASS FIRST-AID EQUIPMENT. IN 2023, RAZOM PROVIDED 40,000

FULLY-EQUIPPED IFAKS (INDIVIDUAL FIRST AID KITS) AND 1,250 MEDIC

BACKPACKS, AS WELL AS TENS OF THOUSANDS IN RESUPPLIES OF TOURNIQUETS,

GAUZE, CHEST SEALS AND RELATED GEAR. WITH THE SUPPORT OF THE GRANT FROM

THE US EMBASSY IN UKRAINE, RAZOM FOR UKRAINE WAS ABLE TO PROVIDE BASIC

LIFE SUPPORT, CPR AND WOUND TREATMENT TRAINING TO OVER 2,000 PEOPLE IN

UKRAINE, INCLUDING EDUCATORS, MEDICAL STUDENTS AND COMMUNITY LEADERS.

RAZOM HEALTH - SUPPORTING UKRAINE'S HEALTHCARE WITH THE EQUIPMENT,

SUPPLIES AND NECESSARY SKILLS TRAINING TO SERVE UKRAINIANS NOW AND

AFTER VICTORY. THE ORGANIZATION DELIVERED PATIENT CENTERED SURGICAL,

MENTAL HEALTH AND PSYCHOLOGICAL SUPPORT (MHPSS) CARE, DISTRIBUTED

CRITICAL MEDICAL SUPPLIES AND SUPPORTED MEDICAL EDUCATION AND TRAINING

INITIATIVES WITH AN EMPHASIS ON DELIVERING FAVORABLE PATIENT OUTCOMES.

DURING THIS TIME, 308 MEDICAL INSTITUTIONS PRIMARILY IN THE CITIES OF

KHARKIV, DNIPRO, MYKOLAIV, IVANO FRANKIVSK AND LVIV, RECEIVED MUCH

NEEDED MEDICAL SUPPLIES. IN ADDITION, OVER 110 ESSENTIAL HEATERS AND

GENERATORS, THE LIFELINE OF ANY MEDICAL FACILITY FACING HARSH WEATHER

Name of the organization RAZOM, INC.	Employer identification number 46-4604398
---	--

AND THE RIGORS OF WAR, WERE DISPATCHED AND INSTALLED ACROSS 25 UKRAINIAN HOSPITALS. UNDER THE RAZOM HEALTH POCUS (POINT OF CARE ULTRASOUND) INITIATIVE, THE ORGANIZATION PROCURED 400 BUTTERFLY DEVICES AND TABLETS AND TRAINED HEALTHCARE PROFESSIONALS IN THE USE OF THESE DEVICES WHICH ARE CRITICAL FOR THE RAPID IDENTIFICATION OF CONDITIONS SUCH AS INTERNAL HEMORRHAGE, PNEUMOTHORAX AND PERICARDIAL EFFUSION, AND DELIVERING ESSENTIAL CARE OUTSIDE OF TRADITIONAL MEDICAL FACILITIES.

UNDER THE RAZOM Z TOBOYU (RAZOM WITH YOU) PROGRAM, THE ORGANIZATION OPERATED SIX MENTAL HEALTH CENTERS IN UKRAINE, WHICH DELIVERED FREE THERAPY IN 9,738 INDIVIDUAL AND 700 GROUP SESSIONS TO POPULATIONS SUCH AS WOMEN, CHILDREN, INTERNALLY DISPLACED PEOPLE (IDPS) AND THOSE INDIVIDUALS WHO SUFFERED THE LOSS OF LOVED ONES DURING THE WAR.

THE CO-PILOT PROJECT WHICH ADDRESSES THE NEED FOR HIGH QUALITY NEUROSURGICAL, ORTHOPEDIC AND FACIAL RECONSTRUCTIVE TRAINING AND CARE IN UKRAINE, LED 14 MEDICAL TRIPS, FACILITATED 7 OBSERVERSHIPS AND DEPLOYED 112 INTERNATIONAL MEDICAL CARE PROVIDERS TO DELIVER SURGERIES, TREATMENTS AND TRAINING THAT ARE OTHERWISE UNAVAILABLE IN UKRAINE, IN CLOSE COOPERATION WITH UKRAINIAN MEDICAL INSTITUTIONS.

RAZOM RELIEF - HELPING CIVILIANS REBUILD AND CONTINUE TO STRENGTHEN CIVIL SOCIETY BY INVESTING IN TRUSTED, VETTED GRASS-ROOTS NON-GOVERNMENTAL ORGANIZATIONS IN UKRAINE THAT SUPPLY HUMANITARIAN AID TO VULNERABLE COMMUNITIES. THE ORGANIZATION AWARDED APPROXIMATELY \$3.1 MILLION IN GRANTS TO A NETWORK OF 85 ORGANIZATIONS IN UKRAINE THAT HELP LOCAL COMMUNITIES. THESE ORGANIZATIONS DELIVERED AID TO OVER 150,000 PEOPLE IN 189 TOWNS AND VILLAGES IN LIBERATED AND FRONTLINE AREAS. THE

Name of the organization <b>RAZOM, INC.</b>	Employer identification number <b>46-4604398</b>
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FOCUS OF RAZOM RELIEF IS ALSO TO SUPPORT UKRAINIAN CHILDREN AT THE TIME OF WAR BY PROVIDING ACCESS TO CHILDREN'S CENTERS, SUMMER CAMPS, PSYCHOLOGICAL SERVICES. OUR RAZOM TOY DRIVE INITIATIVE FOCUSED ON CHILDREN OF FALLEN AND INJURED DEFENDERS, DELIVERED BIRTHDAY PRESENTS TO 1,000 CHILDREN AND PREPARED 720 KIDS FOR THE SCHOOL YEAR BY PROVIDING SCHOOLS SUPPLIES, AND DELIVERED 1,000 PRESENTS FOR ST. NICHOLAS HOLIDAY. THROUGH RAZOM TICKET WE ASSISTED THE UKRAINIAN TEAM REPRESENTING THEIR COUNTRY AT THE INTERNATIONAL OLYMPIAD IN GREECE AND IN MOOT COURTS IN AUSTRIA, THE US AND SWITZERLAND. IN UKRAINE, WE SUPPORTED MATH AND SCIENCE CAMPS FOR GIFTED STUDENTS, PROVIDED ASSISTANCE WITH EQUIPMENT AND TUITION, ENGAGING NEARLY 400 PARTICIPANTS IN OUR EVENTS THROUGHOUT THE YEAR.

RAZOM ADVOCACY - WORKING TO ADVOCATE FOR UKRAINIAN VICTORY ALONG TWO LINES OF EFFORT. OUR GOVERNMENT AFFAIRS TEAM WORKS WITHIN CONGRESS, THE EXECUTIVE BRANCH AND OTHER HALLS OF POWER TO ADVANCE POLICY TO STRENGTHEN UKRAINE, ENSURE ITS VICTORY, AND BRING PRO-UKRAINIAN VOICES TO THE FOREFRONT OF THE POLICY DISCUSSION. OUR PUBLIC ENGAGEMENT TEAM MOBILIZES CONSTITUENTS AND GRASSROOTS ORGANIZATIONS ACROSS THE U.S., CONNECTING THROUGH SOCIAL MEDIA AND THE PRESS TO MARSHAL SUPPORT FOR PRO-UKRAINE POLICY AND LEGISLATION. RAZOM ADVOCACY RECEIVED A GRANT SUPPORTING A SIX-MONTH PROJECT TITLED CHAMPIONING FREEDOM. ITS PURPOSE WAS TO UNDERSTAND WHAT MOTIVATES AMERICANS TO SUPPORT PRO-DEMOCRACY CAUSES AND FAVOR GOVERNMENT SUPPORT FOR THE FIGHT FOR FREEDOM OUTSIDE THE U.S., LIKE IN UKRAINE. AS A FOUNDING MEMBER OF THE AMERICAN COALITION FOR UKRAINE, RAZOM HELPED ORGANIZE TWO UKRAINE ACTION SUMMITS IN WASHINGTON, D.C. DURING THE YEAR. BOTH EVENTS IN APRIL AND OCTOBER DREW FROM 300 TO MORE THAN 450 PEOPLE FROM AROUND THE COUNTRY TO THE

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U.S. CAPITOL, TO MEET WITH THEIR REPRESENTATIVES IN CONGRESS. DURING A TRIP TO UKRAINE IN JUNE 2023, THE ADVOCACY TEAM MET WITH REPRESENTATIVES OF UCCRO, AN ECUMENICAL ORGANIZATION WHOSE MEMBERS COLLECTIVELY REPRESENT 95% OF UKRAINE'S FAITHFUL. FROM THIS MEETING CAME A FORMAL INVITATION FROM RAZOM TO BRING UCCRO REPRESENTATIVES TO THE U.S. TO ENGAGE WITH POLITICAL, RELIGIOUS, AND MEDIA STAKEHOLDERS IN PURSUIT OF IMPROVED DIALOGUE BETWEEN THE NATIONS' RELIGIOUS COMMUNITIES.

RAZOM CONNECT IS A COHORT OF INITIATIVES LIKE RAZOM CULTURE, RAZOM CINEMA, RAZOM LITERATURE, UKRAINE ON CAMPUS AND MORE, PROVIDING PLATFORMS FOR THAT WHICH UKRAINE HAS TO OFFER TO THE WORLD. AS PART OF CONNECT PROGRAMMING, WE LAUNCHED AN INAUGURAL UKRAINIAN CULTURAL FESTIVAL IN NEW YORK CITY, SHOWCASING UKRAINIAN LITERATURE, MUSIC AND CINEMA. THE FESTIVAL WAS DEDICATED TO THE MEMORY OF RENOWNED UKRAINIAN WRITER VICTORIA AMELINA, WHO TRAGICALLY LOST HER LIFE IN JUNE 2023 WHEN KRAMATORSK WAS ATTACKED. THROUGHOUT THE FESTIVAL, ORGANIZERS RAISED FUNDS FOR AMELINA'S BELOVED NEW YORK LITERARY FESTIVAL BASED IN DONETSK, UKRAINE. AS PART OF CINEMA, RAZOM PROVIDED \$40K TRAVEL GRANTS TO VARIOUS PRODUCTION TEAMS TO COME TO THE U.S. TO AMPLIFY UKRAINIAN MOVIES AT FESTIVALS SUCH AS SUNDANCE, TRIBECA, HUMAN RIGHTS WATCH FILM FESTIVAL, AND CLEVELAND INTERNATIONAL FILM FESTIVAL. IN ADDITION, RAZOM HELPED SUPPORT U.S. THEATRICAL RELEASES OF A NUMBER OF EDUCATIONAL FILMS ABOUT UKRAINE, INCLUDING THE OSCAR-WINNING DOCUMENTARY 20 DAYS IN MARIUPOL. RAZOM PILOTED THE UKRAINE ON CAMPUS INITIATIVE IN 2023, WHICH HAS A DATABASE OF 50+ UKRAINIAN STUDENT GROUPS ACROSS U.S. UNIVERSITY CAMPUSES. IT IS FOCUSED ON CONNECTING STUDENTS INTERESTED IN CHAMPIONING UKRAINE AND MOBILIZING THE RESOURCES THEY NEED TO ACTIVATE



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THEIR CAMPUSES IN SUPPORT OF A UKRAINIAN VICTORY.

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

THIS FORM 990 WAS PREPARED BY THE ORGANIZATION'S EXTERNAL ACCOUNTING FIRM THROUGH COLLABORATION WITH THE ORGANIZATION'S STAFF. THE FINAL VERSION WAS DISTRIBUTED TO AND REVIEWED BY THE BOARD PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR AND OFFICER IS REQUIRED TO ANNUALLY COMPLETE AND SIGN 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 ALL MATERIAL FACTS TO THE BOARD OF DIRECTORS OR COMMITTEE CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. THE BOARD IS CHARGED WITH REVIEWING EACH SITUATION, DETERMINING IF A CONFLICT EXISTS, AND CONDUCTING DUE DILIGENCE TO DETERMINE IF A MORE ADVANTAGEOUS SOLUTION THAT DOES NOT INVOLVE A CONFLICT OF INTEREST EXISTS. IN CONFORMITY WITH THE ABOVE DETERMINATION, THE BOARD IS RESPONSIBLE FOR MAKING AN INDEPENDENT DECISION AS TO WHETHER TO ENTER THE TRANSACTION OR ARRANGEMENT. DIRECTORS HAVING A CONFLICT OF INTEREST ARE REQUIRED TO RECUSE THEMSELVES FROM THE BOARD OR COMMITTEE'S DELIBERATION AND VOTE. IN CASE OF CONFLICT OF INTEREST POLICY VIOLATIONS, AN APPROPRIATE DISCIPLINARY CORRECTIVE ACTION WILL BE TAKEN.

FORM 990, PART VI, SECTION B, LINE 15:

CEO'S COMPENSATION WAS DETERMINED BY THE COMPENSATION COMMITTEE OF THE

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**BOARD, WHICH WAS COMPRISED SOLELY OF INDEPENDENT DIRECTORS, BASED ON MARKET COMPARABILITY DATA AND THE PROCESS AND DECISION WERE CONTEMPORANEOUSLY DOCUMENTED. OFFICERS' AND KEY EMPLOYEES' COMPENSATION WAS BASED ON MARKET COMPARABILITY DATA AND THE PROCESS AND DECISIONS WERE CONTEMPORANEOUSLY DOCUMENTED.**

**FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
NY, NJ, AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, NH, NM, OR, RI, SC, TN, UT, VA, WV, WI  
NC, PA**

**FORM 990, PART VI, SECTION C, LINE 19:  
THE ORGANIZATION'S REQUIRED DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON  
REQUEST.**

**FORM 990, PART XII, LINE 2C:  
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.**

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public Inspection**

Name of the organization **RAZOM, INC.** Employer identification number **46-4604398**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
RAZOM DLIA UKRAYINY 29 TURIVSKA STR., OFFICE 15 KYIV, UKRAINE	HUMANITARIAN AID AND OTHER CHARITABLE AND EDUCATIONAL ACTIVITIES	UKRAINE			RAZOM, INC.	X	

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RAZOM DLIA UKRAYINY	B	27,084,320.	FAIR MARKET VALUE
(2)			
(3)			
(4)			
(5)			
(6)			

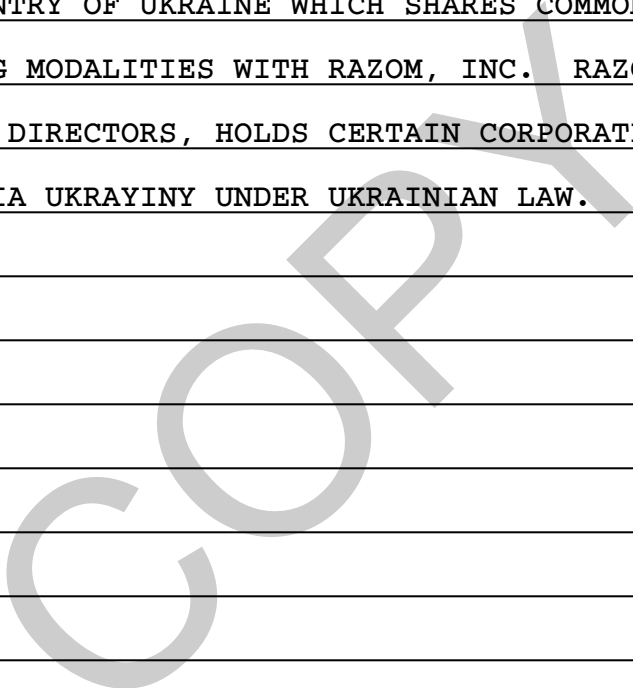


**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

**PART II**

RAZOM, INC. WAS FORMED IN THE UNITED STATES IN 2014 TO SUPPORT CHARITABLE INITIATIVES IN AND RELATING TO UKRAINE. RAZOM, INC. INITIATED THE FORMATION OF "RAZOM DLIA UKRAYINY" IN 2016 AS AN AFFILIATED ENTITY TO CONDUCT CHARITABLE ACTIVITIES WITHIN UKRAINE CONSISTENT WITH UKRAINIAN LAWS APPLICABLE TO CHARITABLE ENTITIES. RAZOM DLIA UKRAYINY IS A SEPARATELY INCORPORATED UKRAINIAN CHARITABLE ENTITY OPERATING IN THE COUNTRY OF UKRAINE WHICH SHARES COMMON VISIONS, MISSIONS, AND WORKING MODALITIES WITH RAZOM, INC. RAZOM, ACTING THROUGH ITS BOARD OF DIRECTORS, HOLDS CERTAIN CORPORATE GOVERNANCE RIGHTS OVER RAZOM DLIA UKRAYINY UNDER UKRAINIAN LAW.



**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>RAZOM, INC.</b>	Taxpayer identification number (TIN) <b>46-4604398</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>140 2ND AVE, 305</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10003</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **THE ORGANIZATION**  
**140 2ND AVE, 305 - NEW YORK, NY 10003**

Telephone No. **646-449-9750** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 **23** or  
 tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

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

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