# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

<u>A                                    </u>	or the	e 2023 calendar year, or tax year beginning and	enaing		
<b>B</b> c	heck if oplicabl	C Name of organization		D Employer identified	cation number
	Addre chang Name	RAZOM, INC.			
	_chang	Doing business as		46-46043	98
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		
	Final return		305	646-449-	9750
	termin ated			G Gross receipts \$	51,009,568.
	Amen return	NEW TORK, NI 10005		H(a) Is this a group re	
	Application	F Name and address of principal officer: OKSANA FALENCHUK		for subordinates	? Yes X No
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
<u> 1 T</u>	ax-ex	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 52	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Yea	r of formation: $2014 _{ m N}$	f N State of legal domicile: $f NY$
Pa	rt I	Summary			
Φ		Briefly describe the organization's mission or most significant activities: RAZO			
Activities & Governance		UKRAINIAN, WAS FORMED IN 2014 TO SUPPORT	HUMAN	RIGHTS, DEM	OCRACY AND
rne	2	Check this box if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net ass	
ove.				3	5_
<u>ح</u>		Number of independent voting members of the governing body (Part VI, line 1b)			5
es 8	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			27
Ϋ́È		Total number of volunteers (estimate if necessary)			150
<b>∕</b> cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
			_	Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		87,038,125.	50,704,643.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		52,870.	282,304.
<b>~</b>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		68,139.	-3,444.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		87,159,134.	50,983,503.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,056,441.	40,816,843.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	2,066,701.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ě	b	Total fundraising expenses (Part IX, column (D), line 25) 381, 28	87 <b>.</b>		
Ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		55,156,449.	10,086,770.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		61,212,890.	52,970,314.
	19	Revenue less expenses. Subtract line 18 from line 12		25,946,244.	-1,986,811.
or			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		26,434,710.	23,981,434.
t As	21	Total liabilities (Part X, line 26)		369,705.	303,603.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		26,065,005.	23,677,831.
Pa	rt II	Signature Block			
Unde	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	s and staten	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	hich prepare	r has any knowledge.	
Sigr	1	Signature of officer		Date	
Her	е	OKSANA FALENCHUK, CHIEF FINANCIAL OFFICER	1		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		OLGA YASINNIK, CPA OLGA YASINNIK, (	CPA	10/16/24 self-employ	P01641608
Prep	arer	Firm's name AAFCPAS, INC.		Firm's EIN 0	4-2571780
Use	Only	Firm's address 50 WASHINGTON STREET			
_		WESTBOROUGH, MA 01581		Phone no. 50	8-366-9100
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

(Expenses \$ including grants of \$ ) (Revenue \$
4e Total program service expenses 51,129,750.

SEE SCHEDULE O FOR CONTINUATION(S)

Other program services (Describe on Schedule O.)

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# Form 990 (2023) RAZOM, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	_X_	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_	7.7	
	If "Yes," complete Schedule D, Part IV	9	<u> </u>	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			37
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			37
	Part VI	11a		<u>X</u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u>X</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.41-	х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45	Х	
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	- 21	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46	Х	
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	71	_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10	-22	
IJ	,	19		х
20a	complete Schedule G, Part III	20a		X
		20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_00		
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			,,
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		v	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	200		x
27	If "Yes," complete Schedule R, Part V, line 2	36		Α.
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	31		
30		38	х	
Pai		_ 55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c				
	(gambling) winnings to prize winners?	1c	Х	
			aan	(2022)

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	rrt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	<u> </u>	000	Р	age •				
ı aı	Statements negarding other instrinings and tax domphance (continued)			.,					
٥-	Establishment of contact of Establishment of State WO Towns World (World and Tou Obstance)	ſ		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	27							
	filed for the calendar year ending with or within the year covered by this return	-	01	Х					
b		·····	2b	Δ	v				
3a	0 ,	····· }	3a		X				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		├				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		_		v				
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X				
b	o If "Yes," enter the name of the foreign country	— I							
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?								
b	, , , , , , , , , , , , , , , , , , , ,		<u>5b</u>		X				
С	, , , , , , , , , , , , , , , , , , , ,		5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic	;it			77				
	any contributions that were not tax deductible as charitable contributions?	····· }	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).				37				
а		payor?	7a		X				
b			7b		<u> </u>				
С	3 1 1 1 1 1								
	to file Form 8282?		7c		X				
d	,	-							
е			7e		X				
f			7f		X				
g		· · · Г	7g		<del></del>				
h		38-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		_						
_	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
а		·····	<u>9a</u>						
b			9b						
10	Section 501(c)(7) organizations. Enter:								
a	· · · · · · · · · · · · · · · · · · ·								
b									
11	Section 501(c)(12) organizations. Enter:								
а									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a						
	of If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-						
а		k	13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	, , , , , , , , , , , , , , , , , , , ,								
	organization is licensed to issue qualified health plans 13b	-							
C		-			v				
14a	· · · · · · · · · · · · · · · · · · ·		14a		X				
	o If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		$\vdash$				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				v				
	excess parachute payment(s) during the year?	<b> </b>	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.				v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities				l				
	that would result in the imposition of an excise tax under section 4951 4952 or 4953?	- 1	17	I .	(				

If "Yes," complete Form 6069. Form **990** (2023) 332005 12-21-23

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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.

						X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	5			
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?		. L	2		Х
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?		L	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?	L	5		X
6	Did the organization have members or stockholders?		. L	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or				
	more members of the governing body?		. L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockholders, or				
	persons other than the governing body?		. L	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?		. [4	8a	X	
b	Each committee with authority to act on behalf of the governing body?		上	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached and section A.					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)				
			_		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		1	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$		1	I0b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the form?	_ 1	11a	X	
b	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			I2a	<u>X</u>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		1	I2b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe				
	on Schedule O how this was done		. —	12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14			💾	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				37	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization		. 1	I5b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement of the contribute assets to, or participate in a joint venture or similar arrangement of the contribute assets to, or participate in a joint venture or similar arrangement of the contribute assets to, or participate in a joint venture or similar arrangement of the contribute assets to, or participate in a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets to a joint venture or similar arrangement of the contribute assets and the contribute assets are a joint venture or similar arrangement of the contribute assets and the contribute assets are a joint venture or similar arrangement of the contribute assets and the contribute assets are a joint venture or similar arrangement of the contribute assets are a joint venture or similar arrangement of the contribute assets are a joint venture or similar arrangement of the contribute assets are a joint venture or similar arrangement of the contribute assets are a joint venture arrangement of the contribute assets are a joint venture are a	ent with a				v
	taxable entity during the year?		. 💾	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	zation's				
202	exempt status with respect to such arrangements?		.   1	l6b		
	List the states with which a copy of this Form 990 is required to be filed NY, NJ, AL, AR, C.	ב או. בא שד י	т. ъ	7.5	ĸv	MD
17 10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
18	for public inspection. Indicate how you made these available. Check all that apply.	n 990-1 (96011011 301(0)	(3)5 01	ıııy) a	avalidi	JI <del>C</del>
		on Cohodida Ol				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	on Schedule O)	and fi	nano	ial	
13	statements available to the public during the tax year.	mot of interest policy,	aria III	ı ıaı IC	nai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and records				
5	THE ORGANIZATION - 646-449-9750	no and roomus				
	140 2ND AVE, 305, NEW YORK, NY 10003					
	, ,				202	

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## 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.

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

- 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.

(A)  Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an					one	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week (list any hours for related organizations below	stee or director		nd a d		Highest compensated complexed employee	tee)	compensation from the organization (W-2/1099-MISC/ 1099-NEC)	compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	amount of other compensation from the organization and related organizations
	line)	Individ	Institut	Officer	Key err	Highes employ	Former			Urgariizations
(1) THEODORA CHOMIAK CEO	40.00	1		x				199,667.	0.	0.
(2) ZOE RIPECKY	40.00			х				181,267.	0.	2,986.
(3) OKSANA FALENCHUK CFO	40.00			Х				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				7	x		118,400.	0.	2,736.
(6) LYDIA KOKOLSKYJ VP OF DEVELOPMENT	40.00		Γ			x		110,061.	0.	1,050.
(7) ANNA SOLOVEI RELIEF PROGRAM LEAD	40.00					x		106,000.	0.	3,300.
(8) ANASTASIA RAB	10.00	x		х				0.	0.	0.
(9) OLGA YARYCHIVSKA CO-CHAIR	10.00	x		X				0.	0.	0.
(10) NONNA KHOURI (TSIGANOK) DIRECTOR	10.00	X		21				0.	0.	0.
(11) MARIA GENKIN DIRECTOR	10.00	X						0.	0.	0.
(12) OLENA NYZHNYKEVYCH DIRECTOR	10.00	X						0.	0.	0.
BINDETON		-						0.	0.	
		-								
		-								

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Part VII Section A. Officers, Directors, Trust		oloy	ees,			ghes	t C			(5)			
(A)	(B) Average		<b>(C)</b> Position		(D)	(E)	(F)						
Name and title	hours per		not ch	neck r	more	than d is both		Reportable compensation	Reportable compensation	Estimated amount of			
	week					or/trus		from from relati		other			
	(list any	Individual trustee or director						the	organizations	compensation			
	hours for related	or dir	e e			ated		organization	(W-2/1099-MISC/				
	organizations	rustee	l trust		99	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related			
	below	dual t	Institutional trustee	_	Key employee	st cor	ы	1000 1120)		organizations			
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
		-											
		-											
		1						4					
			Н			$\vdash$		4					
		1											
			Н										
							4						
			4				_						
						K		1 0 1 5 0 1 5		10.000			
1b Subtotal								1,047,045.	0				
c Total from continuation sheets to Part VII								1,047,045.	0				
d Total (add lines 1b and 1c)								•		. 10,022.			
2 Total number of individuals (including but no compensation from the organization	ot iimited to tri	ose	liste	u ab	ove	) WII	o re	eceived more than \$100,	ooo or reportable	7			
compensation from the organization										Yes No			
3 Did the organization list any <b>former</b> officer,	director, trust	ee. k	ev e	lam	ove	e. or	hic	hest compensated empl	ovee on				
line 1a? If "Yes," complete Schedule J for si	,		,	•	•	,	_		,	3 X			
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150										4 X			
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ıch r	ers	on .				. 5 X			
Section B. Independent Contractors													
1 Complete this table for your five highest con	•	•							•	sation from			
the organization. Report compensation for t	the calendar ye	ear e	ndın	g w	ith c	or wi	hin		ear.	(0)			
<b>(A)</b> Name and business	address							<b>(B)</b> Description of s	ervices	(C) Compensation			
YOUR PART-TIME CONTROLLER		13	33										
BROADWAY, SUITE 720, NEW				01	8			ACCOUNTING		132,811.			
							П						
2 Total number of independent contractors (in		ot lin	nıted	to t	thos 1	se lis I	ted	above) who received mo	ore than				

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art VIII	Statement of	of Revenue
----------	--------------	------------

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
							000110110 0 12 0 1 1
nts		Federated campaigns 1a					
Sra Ton		Membership dues 1b	== 222				
S, (		Fundraising events 1c	75,389.				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations 1d					
is,	е	Government grants (contributions) 1e					
Š	f	All other contributions, gifts, grants, and					
the		similar amounts not included above <b>1f</b>	50,629,254.				
	g	Noncash contributions included in lines 1a-1f 1g \$	32,805,400.				
an Co	h	Total. Add lines 1a-1f		50,704,643.			
			Business Code				
a)	2 a						
Š	b						
šer	c				A		
We'r	d						
gra Re							
Program Service Revenue	e						
ъ		All other program service revenue					
$\longrightarrow$		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
		other similar amounts)		282,304.			282,304.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory <b>7a</b>					
	h	Less: cost or other basis					
<u>o</u>	-	and sales expenses <b>7b</b>					
ž	_	Gain or (loss) 7c					
ě							
ther Revenue		Net gain or (loss)					
흏	Оа	Gross income from fundraising events (not including \$ of					
0							
		contributions reported on line 1c). See	22 621				
		Part IV, line 18 8a	22,621.				
		Less: direct expenses8b	26,065.	2 444			2 444
		` '		-3,444.			-3,444.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
	С	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
	С	Net income or (loss) from sales of inventory					
			Business Code				
Snc	11 a						
ne	b						
ella	c						
Miscellaneous Revenue		All other revenue					
Σ		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		50,983,503.	0.	0.	278,860.
						× .	·

332009 12-21-23

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 (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 366,517. 366,517. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 40,450,326. 40,450,326. individuals. See Part IV, lines 15 and 16 ...... Benefits paid to or for members ..... Compensation of current officers, directors, 553,069. 553,069. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1,316,415. 1,042,917. 82,319. 191,179. Other salaries and wages 7 Pension plan accruals and contributions (include 4,526. 3,125. 367. 1,034. section 401(k) and 403(b) employer contributions) 18,227. 25,806. 7,429. 150. Other employee benefits 9 166,885. 93,748. 55,621. 17,516. 10 Payroll taxes Fees for services (nonemployees): Management 54,803. 29,958. 24,845. Legal 248,425. 248,425. Accounting 165,787. 165,787. Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 387,214. 82,945. 470,159 column (A), amount, list line 11g expenses on Sch O.) 5,374. 537,365. 455,886. 76,105. Advertising and promotion 12 299,541. 55,811. 223,175. 20,555. Office expenses 13 116,421. 34,153. 80,946. 1,322. Information technology 14 15 Royalties 98,820. 131,134. 32,314. 16 Occupancy 393,565. 327,121. 52,611. 13,833. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 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.) 6,661,329. 6,661,329. PROGRAM EXPENSE PROGRAM EVENTS 559,336. 551,213. 8,123. 387,598. 47,200. 387,598. SHIPPING AND LOGISTICS 47,200. d DONATED GOODS 14,107.1.714. 12,393. e All other expenses 52,970,314. 51,129,750. 1,459,277. 381,287. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form **990** (2023)

08501016 715045 12675

RAZOM, INC. 46-4604398 Page 11

Form 990 (2023)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	11,315,307.	1	2,924,776.
	2	Savings and temporary cash investments	10,617,984.	2	17,298,760.
	3	Pledges and grants receivable, net	665,075.	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges	35,381.	9	24,793.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	3,531,410.	11	3,467,948.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	95,756.	14	200,092.
	15	Other assets. See Part IV, line 11	173,797.	15	65,065.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	26,434,710.	16	23,981,434.
	17	Accounts payable and accrued expenses	195,908.	17	219,433.
	18	Grants payable		18	10 10 5
	19	Deferred revenue		19	19,105.
	20	Tax-exempt bond liabilities	172 707	20	CF 0CF
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	173,797.	21	65,065.
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ja E		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		0.5	
	06	of Schedule D  Total liabilities. Add lines 17 through 25	369,705.	25 26	303,603.
	26	Organizations that follow FASB ASC 958, check here	305,705.	20	303,003
S		and complete lines 27, 28, 32, and 33.			
ü	27	Net assets without donor restrictions	25,010,665.	27	23 630 742.
sala	28	Net assets with donor restrictions	1,054,340.	28	23,630,742. 47,089.
P P	20	Organizations that do not follow FASB ASC 958, check here	2,001,0101	20	27,70051
Ψ		and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	26,065,005.	32	23,677,831.
Z	33	Total liabilities and net assets/fund balances	26,434,710.	33	23,981,434.
		Total Habilition with the aboutorialia balantoos			Form <b>990</b> (2023

Form 990 (2023) RAZOM, INC. 46-4604398 Page 12

Pa	rt 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		<u>,98</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		,97				
3	Revenue less expenses. Subtract line 2 from line 1	3		,98				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5		<b>-40</b>	0,3	63.		
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	,67	7,8	31.		
Pai	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	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?			2b	Х			
	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 X Consolidated basis Both consolidated and separate basis							
С	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?			2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	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?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				Form	990	(2023)		

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

RAZOM, INC. Employer identification number 46-4604398

Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.			
The	organ	nization is not a private found								
1	$\bigcap$	A church, convention of ch	•	·	-	•	I)(A)(i).			
2	$\overline{\Box}$	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	一	A hospital or a cooperative		•		(b)(1)(A)(ii	ii).			
4	Ħ	A medical research organiz						the hospital's name		
•		city, and state:	a operatea ee.	ijanionom mini a neopitali		000110		and mospital o maine,		
5		An organization operated for	or the benefit of a col	llege or university owned	l or operati	ed by a go	vernmental unit describe	ed in		
3	ш	section 170(b)(1)(A)(iv). (C		liege of difficulty owned	or operati	cd by a go	Werrimental unit describe			
6				antal unit described in	aaatian 17	70/6//4//4/	(.)			
6	X	A federal, state, or local gov	-							
7	Δ	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in								
_		section 170(b)(1)(A)(vi). (C		/4VAV 1) (O	\	4				
8	$\vdash$	A community trust describe			•					
9	Ш	An agricultural research org					-	-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of the college	eor		
		university:								
10		An organization that norma								
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment		
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.		
		See section 509(a)(2). (Con	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public saf	fety. See	section 50	09(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or		
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section !	509(a)(2).	See section 509(a)(3).	Check the box on		
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and 12g.			
a	ı 🗆	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving		
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	upporting		
		organization. You must o	complete Part IV, Se	ections A and B.						
b	, [	Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), by hav	/ing		
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported		
		organization(s). You mus	t complete Part IV,	Sections A and C.						
c	;	Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,		
		its supported organization	n(s) (see instructions)	). You must complete F	Part IV, Se	ctions A,	D, and E.			
c	ı 🗆	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	vith its supported organiz	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distri	ibution rec	quirement and an attentiv	veness		
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
6	, [	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
	Pro	vide the following information	about the supporte	d organization(s).						
		(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other		
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)		
Tot	al						I	1		

332021 12-21-23

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	116,182.	238,448.	174,155.	87038125.	50704643.	138271553
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	116,182.	238,448.	174,155.	87038125.	50704643.	138271553
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				4		
	supported organization) included				N		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2330686.
6	Public support. Subtract line 5 from line 4.			/			135940867
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	116,182.	238,448.	174,155.	87038125.	50704643.	138271553
8	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.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						138616853
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	128,613.
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	year as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					т т	
	Public support percentage for 2023 (I			olumn (f))		14	98.07 %
	Public support percentage from 2022					15	94.82 %
16a	33 1/3% support test - 2023. If the o	-			14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2022. If the				line 15 is 33 1/3%	or more, check th	is box
	and <b>stop here.</b> The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			=		VI how the organiz	zation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test						10% or
	more, and if the organization meets the						
40	organization meets the facts-and-circu		-	•	• • •		H
18	Private foundation. If the organization	ni dia not check a l	oox on line 13, 16a	a, 100, 17a, 0r 17b	o, check this box a		
						ochedule A	(Form 990) 2023

#### 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.)

Sec	tion A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that				· ·		
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						_
	Add lines 7a and 7b						
<u>8</u>	Public support. (Subtract line 7c from line 6.)						
					T	T	T
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6  Gross income from interest,				+		<del>                                     </del>
iua	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	-			+		<del>                                     </del>
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975				+		<del>                                     </del>
	Add lines 10a and 10b  Net income from unrelated business				+		
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				+		_
	or loss from the sale of capital						
12	assets (Explain in Part VI.)				+		<del>                                     </del>
	Total support. (Add lines 9, 10c, 11, and 12.)	o organizationis f	rot opposed thind t	iousth or fifth to	Voor oo o oostisis 5	01(0)(2) 0===:==:	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . , .	· —
Sec	check this box and stop here						·····
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022	, (,,	,			16	%
	tion D. Computation of Inves						
17	Investment income percentage for 20	<b>D23</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the	organization did n	not check a box on	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation If the organization	n did not obook o	hay an line 14 10	or 10h abaak t	hic hay and see inc	structions	

46-4604398 Page 4

Schedule A (Form 990) 2023

RAZOM, INC.

### 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
26		
3b		
3c		
00		
4a		
4b		
4c		
50		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b	000	2002

Pal	TIV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b				
_	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

332025 12-21-23 Schedule A (Form 990) 2023

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		•	
Sect	ion 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	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

#### SCHEDULE C (Form 990)

**Political Campaign and Lobbying Activities** 

OMB No. 1545-0047

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 **Employer identification number** 46-4604398 RAZOM, 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 Volunteer hours for political campaign activities 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? No 4a Was a correction made? Yes Nο b If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Part I-C 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 Did the filing organization file Form 1120-POL for this year? 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 (e) Amount of political filing organization's contributions received and promptly and directly funds. If none, enter -0-. delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2023

Schedule	C (Form 990) 2023	RAZOM, INC			46-4	604398 Page 2
Part II-	A Complete if the org section 501(h)).	anization is exe	mpt under sectior	1 501(c)(3) and file	ed Form 5768 (ele	ction under
A Check		tion belongs to an af	filiated group (and list in	Part IV each affiliated	aroup member's name	address. EIN.
		re of excess lobbying			3 · · · · · · · · · · · · · · · ·	,,,
B Check		, ,	and "limited control" pro	visions apply.		
		ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred.)		(a) Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Tota	al lobbying expenditures to influ	uence public opinion	(grassroots lobbying)		60,828.	
	al lobbying expenditures to influ				165,787.	
	al lobbying expenditures (add li	ŭ	, , , , , , ,		226,615.	
	er exempt purpose expenditure				52,743,699.	
	al exempt purpose expenditure		1)		52,970,314.	
<b>f</b> Lob	bying nontaxable amount. Ente	er the amount from th			1,000,000.	
If the	e amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable am	ount is:		
	over \$500,000,		the amount on line 1e.			
ove	\$500,000 but not over \$1,000	),000, \$100,0	00 plus 15% of the exc	ess over \$500,000.		
ovei	\$1,000,000 but not over \$1,5	00,000, \$175,0	00 plus 10% of the exc	ess over \$1,000,000.		
ovei	\$1,500,000 but not over \$17,	000,000, \$225,0	00 plus 5% of the exce	ss over \$1,500,000.		
ovei	·\$17,000,000,	\$1,000	,000.			
<b>g</b> Gras	ssroots nontaxable amount (en	ter 25% of line 1f)			250,000.	
<b>h</b> Sub	tract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Sub	tract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If th	ere is an amount other than ze	ro on either line 1h or	line 1i, did the organiza	ation file Form 4720	_	
repo	orting section 4911 tax for this	year?	<u></u>			Yes No
	(Some organizations t	hat made a section (	veraging Period Under 501(h) election do not l rate instructions for lin	nave to complete all c	of the five columns be	low.
		Lobbying Expe	enditures During 4-Yea	r Averaging Period		
(or	Calendar year fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) Total
2a Lob	bying nontaxable amount			1,000,000.	1,000,000.	2,000,000.
	bying ceiling amount 1% of line 2a, column(e))					3,000,000.
<b>c</b> Tota	al lobbying expenditures			129,656.	226,615.	356,271.

60,828. 62,577. Schedule C (Form 990) 2023

500,000.

750,000.

250,000.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

250,000.

1,749.

## Schedule C (Form 990) 2023 RAZOM, INC. 46-46043 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)).

For $\epsilon$	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	<b>)</b>
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?  Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	<u> </u>			
Par	T III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	n 501(c)(5),	or sec		
				Yes	No
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?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section		3		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
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).				
	Current year		2a		
b	Carryover from last year		2b		
C	Total		2c		
3			. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and portion of the exceeds the e				
_	expenditures next year?  Taxable amount of lobbying and political expenditures. See instructions		4		
5 Par	, , , ,		5		
Prov	ide 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,	iines 1 ai	na 2 (see	
	uctions); and Part II.R. line 1. Also, complete this part for any additional information				
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.				

#### **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 Inspection

Name of the organization

**Employer identification number** 46-4604398 RAZOM, INC.

Pai	τl	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		s or Acco	unts. Complete if the
		organization answered Tes On Form 990, Fart IV, line	(a) Donor advised funds	(b) F	
1	Total	number at end of year	(c) z siio. daviesa idiida	(-)	
2		egate value of contributions to (during year)			_
3		egate value of grants from (during year)			_
4		egate value at end of year			_
5		he organization inform all donors and donor advisors in w	viting that the assets held in donor adv	ised funds	_
•		ne organization's property, subject to the organization's e	_		Yes No
6		he organization inform all grantees, donors, and donor ad			
Ū		naritable purposes and not for the benefit of the donor or			
				ŭ	Yes No
Par		Conservation Easements. Complete if the organization			
1	Purp	ose(s) of conservation easements held by the organization			
		Preservation of land for public use (for example, recreati		of a historica	ally important land area
		Protection of natural habitat			historic structure
		Preservation of open space			
2	Com	plete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	n of a conser	rvation easement on the last
	day d	of the tax year.			Held at the End of the Tax Year
а	Total	number of conservation easements		2:	а
b	Total				b
С	Num	ber of conservation easements on a certified historic struc		ا م	c
d	Num	ber of conservation easements included on line 2c acquir	ed after July 25, 2006, and not		
	on a	historic structure listed in the National Register		2	d
3	Num	ber of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	ne organizatio	on during the tax
	year				
4	Num	ber of states where property subject to conservation ease	ement is located	_	
5	Does	the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f	
		tions, and enforcement of the conservation easements it I			
6	Staff	and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing co	nservation ea	asements during the year
7		 unt of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conserv	ation easem	ents during the year
	,	ann or oxported mean of mental	g og oog		onto dannig the year
8	Does	e each conservation easement reported on line 2d above s	satisfy the requirements of section 170	(h)(4)(B)(i)	
					Yes No
9	In Pa	rt XIII, describe how the organization reports conservation			
	balar	nce sheet, and include, if applicable, the text of the footnot	ote to the organization's financial stater	nents that de	escribes the
		nization's accounting for conservation easements.			
Par	t III	Organizations Maintaining Collections of	Art, Historical Treasures, or C	ther Simi	lar Assets.
		Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FASB ASC 958	s, not to report in its revenue statement	and balance	e sheet works
	of art	t, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in	furtherance of	of public
	servi	ce, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ms.	
b	If the	organization elected, as permitted under FASB ASC 958	s, to report in its revenue statement and	l balance she	eet works of
	art, h	istorical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of <sub>l</sub>	public service,
	provi	de the following amounts relating to these items.			
	(i) F	Revenue included on Form 990, Part VIII, line 1			\$
2	If the	organization received or held works of art, historical treat	sures, or other similar assets for financ	ial gain, prov	
	the fo	ollowing amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Reve	nue included on Form 990, Part VIII, line 1			\$
					\$
LHA	For F	Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2023

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Saba	dule D (Form 990) 2023 RAZOM,	TNC						46-46	04398	Page 2
	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Othe	r Simila	r Assets	Continu	Page <b>2</b> red)
3	Using the organization's acquisition, accession								Tooritana	
	collection items (check all that apply).	,	,	,	3		3			
а	Public exhibition	(	d	Loan or exc	hange progra	am				
b	Scholarly research									
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ey further th	ne organizatio	n's exe	mpt purpo	se in Part	XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Par	t IV Escrow and Custodial Arrang								ne 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia	an, or other interme	diary for	contribution	s or other as	sets not	included			
	on Form 990, Part X?								Yes	X No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f		_	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liabi	lity?	L <u>X</u>	Yes	No
	If "Yes," explain the arrangement in Part XIII.									X
Par	t V Endowment Funds Complete if									
	•	(a) Current year	(b) F	Prior year	(c) Two year	rs back	(d) Three y	/ears back	(e) Four y	ears back
1a	Beginning of year balance					$\rightarrow$				
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
_	and programs									
	Administrative expenses									
g	End of year balance		- /!: 4 -		\\					
2	Provide the estimated percentage of the curr	,	,	j, column (a)	)) neid as:					
a	Board designated or quasi-endowment  Permanent endowment	%	_%							
b		% %								
C	The percentages on lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posses	·	ation tha	t are held ar	nd administer	ed for th	20			
oa	organization by:	331011 Of the organiza	ation tha	t are ricid ar	ia aarriiriister	ca ioi ii			Г	res No
									3a(i)	
									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza								3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part IV	/, line 11a. S	ee Form 990	, Part X,	line 10.			
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	Accumulate	ed	(d) Book	value
		basis (investi		` '	(other)		preciation			
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment	<b>I</b>								
	Other									

Schedule D (Form 990) 2023

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

0.

Schedule D (Form 990) 2023 RAZOM, INC.		46	-4604398 Page
Part VII Investments - Other Securities	F 000 B+ IV I'	44b Ose Ferre 200 Best V. Best 40	
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.	·		
	Farma 000 Dart IV line	11 - Coo Form 000 Port V line 10	
Complete if the organization answered "Yes"			d af.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		· ·	
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	F 000 P N/ I'	111 Oc. Farm 000 Bart V Pres 15	
Complete if the organization answered "Yes"		110. See Form 990, Part X, line 15.	(b) Dealership
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	<u>. (B))                                   </u>		
Part X Other Liabilities	F 000 D+ N/ I'	44 445 O Farma 000 Back V Prac 05	
Complete if the organization answered "Yes" (	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	1
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
<b>Total.</b> (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 t	hat reports the

Schedule D (Form 990) 2023

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

Schedule D (Form 990) 2023 RAZOM, INC.		46-4604398 Page 4
Part XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenue pe	er Return
Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.	
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments		
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 . 1	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		5
Part XII Reconciliation of Expenses per Audited Financial St	•	per Return
Complete if the organization answered "Yes" on Form 990, Part IV, I		
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	Lal	
a Donated services and use of facilities		
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) c Add lines 4a and 4b		40
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line Part XIII Supplemental Information	18.)	3
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4: Part IV lines 1h and 2h: 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 a		, into 4, 1 art X, into 2, 1 art XI,
into 2d did 45, did 1 dit Ail, into 2d did 45. Also complete till part to provide t	ary 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 ACCORDAN	ICE WITH ASC
TOPIC, INCOME TAXES. THIS STANDARD CLARI	FIES THE ACCOUNTI	NG FOR
UNCERTAINTY IN TAX POSITIONS AND PRESCRIE	SES A RECOGNITION	THRESHOLD AND
MEASUREMENT ATTRIBUTE FOR THE COMBINED FI	NANCIAL STATEMENT	S REGARDING A
TAX POSITION TAKEN OR EXPECTED TO BE TAKE	N IN A TAX RETURN	I. RAZOM HAS
DETERMINED THAT THERE ARE NO UNCERTAIN TA	X POSITIONS WHICH	I QUALIFY FOR

EITHER RECOGNITION OR DISCLOSURE IN THE COMBINED FINANCIAL STATEMENTS AT

332054 09-28-23

Schedule D (Form 990) 2023

#### SCHEDULE F (Form 990)

### 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.

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** RAZOM 46-4604398 INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region UKRAINE GRANTS TO UKRAINIAN NGOS 40,415,476. 34,850. UKRAINE 0 0 GRANTS TO INDIVIDUALS 0 0 40,450,326. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ...... c Totals (add lines 3a 40,450,326. and 3b)

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

Schedule F (Form 990) 2023

RAZOM, INC.

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>(b)</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)
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	500,000.	WIRE	0.		
					1			
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	500,000.	WIRE	0.		
			EMEDGENOV DEGDONGE					
			EMERGENCY RESPONSE					
		UKRAINE	AND HUMANITARIAN ASSISTANCE	402 020	MIDE	0.		
		UKRAINE	ASSISTANCE	482,828.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	463,446.	WIRE	0.		
				,				
			EMERGENCY RESPONSE	1				
			AND HUMANITARIAN	/				
		UKRAINE	ASSISTANCE	338,087.	WIRE	0.		
				·				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	244,625.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	225,357.	WIRE	0.		
			THE STREET PERSONS					
			EMERGENCY RESPONSE					
			AND HUMANITARIAN	000 550				
		UKRAINE	ASSISTANCE recognized as charities by the f	220,760.		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

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3 Enter total number of other organizations or entities

Part II Continuatio	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organizatio	on (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)
			EMERGENCY RESPONSE					
		UKRAINE	AND HUMANITARIAN ASSISTANCE	200,800.	WIRE	0.		
		ORIGITAL	NOTO TANCE	200,000.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	166,000.	WIRE	0.		
			EMERGENCY RESPONSE					
		L	AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	157,798.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	143,796.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	134,972.	WIRE	0.		
			EMERGENCY RESPONSE					
		UKRAINE	AND HUMANITARIAN ASSISTANCE	115,488.	MIDE	0.		
		ORRAINE	ASSISTANCE	113,400.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	114,914.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	112,380.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	111,986.	 WIRE	0.		
			I					

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 and EIN (if applicable) (c) Region (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)
DMEDGENGY DEGDONGE	
EMERGENCY RESPONSE AND HUMANITARIAN	
UKRAINE ASSISTANCE 95,146. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 82,500. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 82,081. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 73,500. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 71,485. WIRE 0.	
THE POLICE OF TH	
EMERGENCY RESPONSE AND HUMANITARIAN	
UKRAINE ASSISTANCE 70,079. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 66,836. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 65,000. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 64,803. WIRE 0.	

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMEDGENCY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	60,240.	WTRE	0.		
				33,213.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN		4			
		UKRAINE	ASSISTANCE	55,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	52,455.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	51,400.	WIRE	0.		
				, ,				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	50,400.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN	50.000	L			
		UKRAINE	ASSISTANCE	50,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	50,000.	 WIRE	0.		
				, , , , , ,				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	45,782.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN	AE 100	MIDE			
		UKRAINE	ASSISTANCE	45,180.	MTKE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMERGENCY RESPONSE					
			AND HUMANITARIAN ASSISTANCE	43,260.	WIRE	0.		
		OKKAINE	ADDIDIANCE	45,200.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN		4			
		UKRAINE	ASSISTANCE	42,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	40,000.	WIRE	0.		
			EMEDGENGY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	38,240.	WIRE	0.		
				30,210.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	38,152.	WIRE	0.		
			EMERGENCY RESPONSE AND HUMANITARIAN	/				
		UKRAINE	ASSISTANCE	38,152.	WIRE	0.		
			EMERGENCY RESPONSE AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	37,100.	WIRE	0.		
			EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	37,000.	WIDE	0.		
		01/17/11/17	100101ANCE	37,000.	MIKE	0.		
			EMERGENCY RESPONSE AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	36,000.	WIRE	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	35,332.	 WIRE	0.		
				, -				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	35,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	35,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN	24 700	WIDE.			
		UKRAINE	ASSISTANCE	34,700.	MIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	34,620.	WIRE	0.		
				01,020.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	34,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	34,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	33,935.	WIRE	0.		
			EMEDGENCY DECRONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	30,000.	WIRE	0.		
		OUVATIVE	POSTSIMICE	50,000.	MIKE	J .		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ugo z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMEDGENGY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	30,000.	WIRE	0.		
		ORIGITAL	NDOTOTIMED	30,000.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN		4			
		UKRAINE	ASSISTANCE	30,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	30,000.	WIRE	0.		
			EMEDGENGY DEGRONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	30,000.	WIRE	0.		
		ORIGITAL	HIDDIDITATED .	30,000.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	30,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	30,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN			_		
		UKRAINE	ASSISTANCE	30,000.	WIRE	0.		
			EMEDGENGY DEGRONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	30,000.	WIRE	0.		
		~ a va va a si		30,000.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	28,277.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMEDGENGY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	27,800.	WIRE	0.		
		ORIGITAL	NDOTOTIMED	27,000.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN		4			
		UKRAINE	ASSISTANCE	27,078.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	25,890.	WIRE	0.		
			EMEDGENGY DEGRONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	25,348.	WIRE	0.		
		ORIGITAL	HIDDIDITATED	23,340.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	25,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	25,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN ASSISTANCE	25,000.	WIDE	0.		
		ORRAINE	ADDIDIANCE	25,000.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	25,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	25,000.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	25,000.	WIRE	0.		
			EMERGENCY RESPONSE		A			
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	24,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	22,830.	WIRE	0.		
				,,,,,,				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	22,300.	WIRE	0.		
			EMERGENCY RESPONSE AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	22,088.	WIRE	0.		
			EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	22,000.		0.		
			EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	21,500.	WIRE	0.		
				22,200.		3.		
			EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	21,400.	WIRE	0.		
			EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	20,600.		0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ugo z
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMEDGENGY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	20,441.	WTRE	0.		
				20,111.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN		4			
		UKRAINE	ASSISTANCE	20,300.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	20,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	20,000.	WIRE	0.		
				, ,				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	20,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	20,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN			_		
		UKRAINE	ASSISTANCE	20,000.	WIRE	0.		
			EMEDGENCY DECDONCE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	19,800.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	19,350.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMEDGENGY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	19,050.	WTRE	0.		
				25,000.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	19,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	18,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	18,000.	WIRE	0.		
				, ,				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	17,871.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	17,781.	WIRE	0.		
			EMERGENCY RESPONSE					
		UKRAINE	AND HUMANITARIAN ASSISTANCE	17,000.	MIDE	0.		
		OKKAINE	ASSISTANCE	17,000.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	17,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	16,800.	WIRE	0.		

Part II Continuatio	n of Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90), Part II, line 1	)	
1 (a) Name of organizatio	on (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)
			THE STAGE PROPERTY					
			EMERGENCY RESPONSE					
		UKRAINE	AND HUMANITARIAN ASSISTANCE	16,666.	WIRE	0.		
		ORIGINE	RIBBIDITANCE	10,000.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	16,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,600.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,500.	 WIRE	0.		
				,				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,300.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN	15 061				
		UKRAINE	ASSISTANCE	15,261.	MIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,208.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,000.	WIRE	0.		
			THE STREET PERSONS					
			EMERGENCY RESPONSE					
		UKRAINE	AND HUMANITARIAN ASSISTANCE	15,000.	WIRE	0.		
		DUVUTNE	POSTSIVICE	13,000.	MINT	٠.		1

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMEDGENGY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	15,000.	WIRE	0.		
				20,000.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,000.	WIRE	0.		<del>                                     </del>
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	15,000.	WIRE	0.		
						-		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,000.	WIRE	0.		
			EMERGENCY RESPONSE	/				
			AND HUMANITARIAN					
			ASSISTANCE	15,000.	 WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	15,000.	WIRE	0.		
			EMERGENCY RESPONSE					
		UKRAINE	AND HUMANITARIAN	15 000	WIDE	_		
		OVENTUE	ASSISTANCE	15,000.	MIKT	0.		+
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	15,000.	WIRE	0.		<u> </u>

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 (b) IRS code section (c) Parism (d) Purpose of (e) Amount (f) Manner of (g) Amount of (h) Description	(2) Made and a f
(a) Name of organization and EIN (if applicable) (c) Region grant (d) History	(i) Method of valuation (book, FMV, appraisal, other)
TWID GIVEN PERDONEL	
EMERGENCY RESPONSE AND HUMANITARIAN	
UKRAINE ASSISTANCE 15,000.WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 14,500. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 14,400.WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 14,300.WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 14,000. WIRE 0.	
TWINGTHOU PERPONER	
EMERGENCY RESPONSE AND HUMANITARIAN	
UKRAINE ASSISTANCE 13,800.WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 13,800. WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 13,670.WIRE 0.	
EMERGENCY RESPONSE	
AND HUMANITARIAN	
UKRAINE ASSISTANCE 13,530.WIRE 0.	

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMEDGENGY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	13,386.	WTRE	0.		
				20,000.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	13,340.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	13,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	13,000.	WIRE	0.		
				,		_		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	12,900.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN ASSISTANCE	10.750	MIDE	0		
		OKRAINE	ASSISTANCE	12,750.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	12,510.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	12,500.	WIRE	0.		
			THE GENERAL DEGRANGE					
			EMERGENCY RESPONSE					
			AND HUMANITARIAN ASSISTANCE	12,000.	WIRE	0.		
		OKKATNE	TOOTOTANCE	12,000.	LITTE	J		1

1 (a) Name of organization (b) IRS code section and EIN (if applicable) (c) Region (c) Region (d) Purpose of grant (e) Amount of cash grant (c) C) Manner of cash disbursement (e) Amount of c	Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,079.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,033.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,033.WIRE  0.	1	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	(i) Method of valuation (book, FMV, appraisal, other)
AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  O.				EMEDGENGY DEGDONGE					
UKRAINE ASSISTANCE 11,300.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 11,250.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 11,100.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 11,079.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 11,033.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 11,033.WIRE 0.									
EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  O.					11 300	WTRE	0		
AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,250.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,100.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,079.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,033.WIRE  0.					11,000.				
UKRAINE ASSISTANCE 11,250.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 11,100.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 11,079.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 11,033.WIRE 0.				EMERGENCY RESPONSE					
EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,079.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,033.WIRE  0.				AND HUMANITARIAN					
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  I1,079.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  11,033.WIRE  0.			UKRAINE	ASSISTANCE	11,250.	WIRE	0.		
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  I1,079.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  11,033.WIRE  0.									
UKRAINE ASSISTANCE 11,100. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 11,079. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 11,033. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN OUTPER CONTROL OF THE CONTROL									
EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,079. WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,033. WIRE  0.									
AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE  AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,079.WIRE  0.  EMERGENCY RESPONSE  AND HUMANITARIAN  EMERGENCY RESPONSE  AND HUMANITARIAN			UKRAINE	ASSISTANCE	11,100.	WIRE	0.		
AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE  AND HUMANITARIAN  UKRAINE  ASSISTANCE  11,079.WIRE  0.  EMERGENCY RESPONSE  AND HUMANITARIAN  EMERGENCY RESPONSE  AND HUMANITARIAN				EMERGENCY RESPONSE					
UKRAINE ASSISTANCE 11,079.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 11,033.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN									
EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 11,033. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN					11.079.	WIRE	0.		
AND HUMANITARIAN  UKRAINE ASSISTANCE 11,033.WIRE 0.  EMERGENCY RESPONSE  AND HUMANITARIAN					,				
UKRAINE ASSISTANCE 11,033. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN				EMERGENCY RESPONSE					
EMERGENCY RESPONSE AND HUMANITARIAN				AND HUMANITARIAN					
AND HUMANITARIAN			UKRAINE	ASSISTANCE	11,033.	WIRE	0.		
AND HUMANITARIAN				EMEDGENGY DEGDONGE					
I IUKRAINE IASSISTANCE I 10 700 WIRE I 0				ASSISTANCE	10 700	WIRE	0.		
20,700,1212					20,700.				
EMERGENCY RESPONSE				EMERGENCY RESPONSE					
AND HUMANITARIAN				AND HUMANITARIAN					
UKRAINE ASSISTANCE 10,000. WIRE 0.			UKRAINE	ASSISTANCE	10,000.	WIRE	0.		
EMERGENCY RESPONSE									
AND HUMANITARIAN					4.5.5.5	L			
UKRAINE ASSISTANCE 10,000.WIRE 0.			UKRAINE	ASSISTANCE	10,000.	WIRE	0.		
EMERGENCY RESPONSE				EMERGENCY RESPONSE					
AND HUMANITARIAN									
UKRAINE ASSISTANCE 10,000. WIRE 0.					10,000.	WIRE	0.		

Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	United States.	(Schedule F (Form 9	90). Part II. line 1	1)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount	(f) Manner of	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EMEDGENGY DEGDONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	10,000.	WIRE	0.		
				20,000.				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	10,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	10,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	10,000.	WIRE	0.		
				, -		-		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	10,000.	WIRE	0.		
			EMERGENCY RESPONSE	,				
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	9,920.	WIRE	0.		
			EMERGENCY RESPONSE AND HUMANITARIAN					
			ASSISTANCE	9,360.	WIRE	0.		
		ORRAINE	ADDIDIANCE	3,300.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	9,300.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	9,200.	WIRE	0.		

1	Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
AND HUMANITARIAN ASSISTANCE  MEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  ASSISTANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  ASSISTANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  BEMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  TO A STANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  TO A STANCE  TO	1	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	valuation (book, FMV,
AND HUMANITARIAN ASSISTANCE  MEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  ASSISTANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  ASSISTANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  BEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  BEMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  TO A STANCE  BEMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  TO A STANCE  TO				EMEDGENGY DEGDONGE					
UKRAINE ASSISTANCE 9,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 8,600. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 8,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.									
EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  BENEGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  BENEGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T, 995. WIRE  O.  BENEGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T, 995. WIRE  O.  BENEGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T, 990. WIRE  O.  BENEGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T, 990. WIRE  O.  BENEGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T, 990. WIRE  O.			IIKBV LNE		9 000	WIRE	ا ۱		
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,995.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,993.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,993.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,993.WIRE  O.			ORIGITIAL	HIDDIDITATED	3,000.	WIKE	0.		
UKRAINE ASSISTANCE 8,600.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 8,105.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 8,000.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 8,000.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,995.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,995.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,993.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,993.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,993.WIRE 0.				EMERGENCY RESPONSE					
EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  TYPE  TO A STANCE  TO A S				AND HUMANITARIAN		4			
AND HUMANITARIAN  UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  AND HUMANITARIAN  UKRAINE  ASSISTANCE  T, 995. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  T, 993. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  T, 993. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  T, 990. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  T, 990. WIRE  O.			UKRAINE	ASSISTANCE	8,600.	WIRE	0.		
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  AND HUMANITARIAN ASSISTANCE  T,995. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,993. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,990. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,990. WIRE  O.									
UKRAINE ASSISTANCE 8,105. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 8,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 8,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,995. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 7,993. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 7,993. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 7,990. WIRE 0.				EMERGENCY RESPONSE					
EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 8,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 8,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,995. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,993. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,990. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,990. WIRE 0.				AND HUMANITARIAN					
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  T,995. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  T,993. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  T,990. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  T,990. WIRE  O.			UKRAINE	ASSISTANCE	8,105.	WIRE	0.		
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  T,995. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  T,993. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  T,990. WIRE  O.									
UKRAINE ASSISTANCE 8,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 8,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,995. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,993. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,990. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,990. WIRE 0.									
EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,995. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  T,993. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,993. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,990. WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,990. WIRE  O.					2 200				
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,995.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  T,993.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,990.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,990.WIRE  O.			UKRAINE	ASSISTANCE	8,000.	WIRE	0.		
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,995.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  T,993.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,990.WIRE  O.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  T,990.WIRE  O.				EMEDOENCY DECDONCE					
UKRAINE ASSISTANCE 8,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,995. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,993. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,990. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,990. WIRE 0.									
EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,995.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,993.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,990.WIRE 0.			UKRAINE		8 000.	WIRE	0.		
AND HUMANITARIAN ASSISTANCE 7,995.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 7,993.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,990.WIRE 0.					3,333.				
UKRAINE ASSISTANCE 7,995. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 7,993. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 7,990. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE 7,990. WIRE 0.				EMERGENCY RESPONSE					
EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 7,993.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 7,990.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN				AND HUMANITARIAN					
AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  T,990.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN			UKRAINE	ASSISTANCE	7,995.	WIRE	0.		
AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  T,990.WIRE  0.  EMERGENCY RESPONSE AND HUMANITARIAN									
UKRAINE ASSISTANCE 7,993. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,990. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN				EMERGENCY RESPONSE					
EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE ASSISTANCE 7,990. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN				AND HUMANITARIAN					
AND HUMANITARIAN UKRAINE ASSISTANCE 7,990.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN			UKRAINE	ASSISTANCE	7,993.	WIRE	0.		
AND HUMANITARIAN UKRAINE ASSISTANCE 7,990.WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN									
UKRAINE ASSISTANCE 7,990. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN									
EMERGENCY RESPONSE AND HUMANITARIAN			III A TAIR		7 000	MIDE			
AND HUMANITARIAN			UKKAINE	ASSISTANCE	7,990.	MIKE	0.		+
AND HUMANITARIAN				EMERGENCY RESPONSE					
PULLINE POSIDITATION   1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			UKRAINE	ASSISTANCE	7,990.	 WIRE	0.		

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the I	Jnited States.	(Schedule F (Form 9	90). Part II. line 1	)	r ago <b>z</b>
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Region	(d) Purpose of grant	(e) Amount	(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)
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	7,845.	WIRE	0.		
				,		-		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	7,695.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	7,400.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	7,300.	WIRE	0.		
			EMEDGENCY DEGRONGE					
			EMERGENCY RESPONSE AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	7,075.	WIRE	0.		
		OKKAINE	ADDIDIANCE	7,073.	WIKE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
			ASSISTANCE	7,000.	WIRE	0.		
				,				
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	7,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN					
		UKRAINE	ASSISTANCE	7,000.	WIRE	0.		
			EMERGENCY RESPONSE					
			AND HUMANITARIAN	6 007		_		
		UKRAINE	ASSISTANCE	6,827.	MIKE	0.		

1	Part II Continuation of	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	Jnited States. (Schedule F (Form 990), Part II, line 1)					
AND HUMANITARIAN ASSISTANCE  MEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  ASSISTANCE  AND HUMANITARIAN  DKRAINE  ASSISTANCE  AND HUMANITARIAN  DKRAINE  ASSISTANCE  ASSISTANCE  AND HUMANITARIAN  DKRAINE  MEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  AND HUMANITARIAN  ASSISTANCE	1	(b) IRS code section	(c) Region	(d) Purpose of	(e) Amount	(f) Manner of	(g) Amount of non-cash	(h) Description of non-cash	valuation (book, FMV,		
AND HUMANITARIAN ASSISTANCE  MEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  ASSISTANCE  AND HUMANITARIAN  DKRAINE  ASSISTANCE  AND HUMANITARIAN  DKRAINE  ASSISTANCE  ASSISTANCE  AND HUMANITARIAN  DKRAINE  MEMERGENCY RESPONSE AND HUMANITARIAN  DKRAINE  ASSISTANCE  AND HUMANITARIAN  ASSISTANCE				EMEDOENCY DECDONCE							
UKRAINE ASSISTANCE 6,650. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE 6,600. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 6,500. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 6,440. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 6,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 6,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 6,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 6,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  UKRAINE ASSISTANCE 5,827. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN 0.  EMERGENCY RESPONSE 5,827. WIRE 0.											
EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  DERREGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  DERREGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  DERREGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN BURRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN BURRAINE  EMERGENCY RESPONSE AND HUMANITARIAN BURRAINE BURRAINE  EMERGENCY RESPONSE AND HUMANITARIAN BURRAINE  EMERGENCY RESPONSE AND HUMANITARIAN BURRAINE BURRAINE  EMERGENCY RESPONSE AND HUMANITARIAN BURRAINE  EMERGENCY RESPONSE AND HUMANITARIAN BURRAINE BURRAINE BURRAINE  EMERGENCY RESPONSE AND HUMANITARIAN BURRAINE BURR			IIKBV LNE		6 650	WIRE	ا ۱				
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  DURAINE  EMERGENCY RESPONSE AND HUMANITARIAN			ORIGITIAL	HIDDIDITATED	0,030.	WIKE	0.				
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  DURAINE  EMERGENCY RESPONSE AND HUMANITARIAN				EMERGENCY RESPONSE							
EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  SSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  OKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  OKRAINE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  OKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  OKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  OKRAINE  SSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN  OKRAINE  EMERGENCY RESPONSE AND HUMANITARIAN				AND HUMANITARIAN		4					
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN			UKRAINE	ASSISTANCE	6,600.	WIRE	0.				
AND HUMANITARIAN ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE  ASSISTANCE  EMERGENCY RESPONSE AND HUMANITARIAN											
UKRAINE ASSISTANCE 6,500. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 6,440. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 6,080. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 6,025. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 6,000. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 5,827. WIRE 0.  EMERGENCY RESPONSE AND HUMANITARIAN  UKRAINE ASSISTANCE 5,827. WIRE 0.				EMERGENCY RESPONSE							
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AND HUMANITARIAN			UKKAINE	ASSISTANCE	5,827.	MIKE	0.		+		
AND HUMANITARIAN				EMERGENCY RESPONSE							
PARAINE ASSISTANCE   5,/UU.WIKE   U.			UKRAINE	ASSISTANCE	5,700.	 WIRE	0.				

Part II Continuation o	f Grants and Other	Assistance to Organiza	tions or Entities Outside the	United States.	States. (Schedule F (Form 990), Part II, line 1)					
1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(d) Purpose of grant	(e) Amount	(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)		
			EMERGENCY RESPONSE							
			AND HUMANITARIAN							
		UKRAINE	ASSISTANCE	5,700.	WIRE	0.				
			EMEDGENOV DEGDONGE							
			EMERGENCY RESPONSE		A					
			AND HUMANITARIAN ASSISTANCE	5,600.	MIDE	ا م				
		OKKAINE	ASSISTANCE	5,600.	WIRE	0.				
			EMERGENCY RESPONSE							
			AND HUMANITARIAN							
			ASSISTANCE	5,500.	WIRE	0.				
			EMERGENCY RESPONSE		· ·					
			AND HUMANITARIAN							
		UKRAINE	ASSISTANCE	5,475.	WIRE	0.				
			EMERGENCY RESPONSE AND HUMANITARIAN							
			ASSISTANCE	5,300.	WIRE	0.				
			EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,300.		0.				
			EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,100.	WIRE	0.				
			EMERGENCY RESPONSE AND HUMANITARIAN ASSISTANCE	5,100.		0.				

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of (f) Amount of (c) Number of (g) Description of (a) Type of grant or assistance (b) Region cash grant cash disbursement noncash assistance recipients noncash assistance CHARITABLE GRANTS AND HUMANITARIAN AID ASSISTANCE TO UKRAINE 34,850. 0. INDIVIDUALS IN

46-4604398 Page 4

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	X 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	X 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	X 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	X 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	X 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	X No

## Part V | Supplemental Information

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

#### PART I, LINE 2:

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), OTHER RELEVANT INTERNATIONAL SANCTIONS LISTS. 5. VOTING - THE GRANT APPLICATION OF THE POTENTIAL GRANTEE IS BROUGHT TO A

Schedule F (Form 990) 2023

IN ORDER

VOTE. EACH MANAGER OF THE GRANT TEAM VOTES ON THE APPLICATION.

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.

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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 Employer identification number 46-4604398 RAZOM, INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

LHA 332081 09-13-23

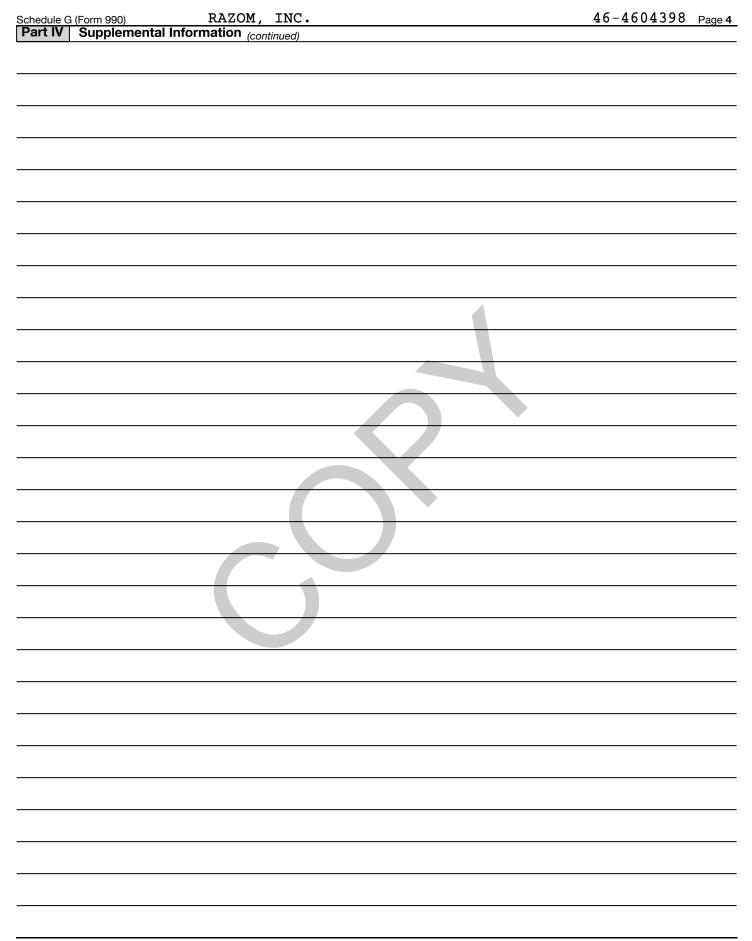
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

Pa		Fundraising Events. Complete if the of fundraising event contributions and gr	ne organization answered	I "Yes" on Form 990, Part	: IV, line 18, or reported	more than \$15,000
		or fundraising event contributions and gr	(a) Event #1 ART FOR UKRAINE	(b) Event #2	(c) Other events  NONE	(d) Total events (add col. (a) through
Φ			(event type)	(event type)	(total number)	col. <b>(c)</b> )
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.
	4	Cook prizes				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Exp						
irect	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	26,065.			26,065.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			26,065.
	11	Net income summary. Subtract line 10 from I	ine 3, column (d)		<u> </u>	-3,444.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
_		\$15,000 on Form 990-EZ, line 6a.				T <b>.</b>
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	4	Cross revenue				
	<u> </u>	Gross revenue				
ses	2	Cash prizes				
rect Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		gamming meaning sammary. Odbirdot lillo 1				
а	ls t	ter the state(s) in which the organization condu the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
		ere any of the organization's gaming licenses re			ear?	Yes No
D		Yes," explain:				
	_					
33208	2 09	9-13-23			Sche	edule G (Form 990) 2023

Sch	edule G (Form 990) 2023 RAZOM, INC. 46	-46	04.	<u> 398</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[		Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		٠.	Yes	No
13	Indicate the percentage of gaming activity conducted in:	. –			
	The organization's facility		I3a		%
	An outside facility		3b		<del>/</del> 6
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		00		
17	The the flame and address of the person who prepares the organization's gaming special events books and records.				
	Nama				
	Name				
	Address				
		г	一,	.,	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount				
	of gaming revenue retained by the third party \$				
С	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	California in a marina in a				
	Name				
	TVallie				
	Coming manager companyation				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	_			
	retain the state gaming license?	L		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the				
	organization's own exempt activities during the tax year \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part II	I, line	es 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
	· · · · · · · · · · · · · · · · · · ·				
				_	
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

RAZOM, IN	C.						46-4604398
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's property in the criteria and other Assistance and Other Assistanc	stance? ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than S	_				anization answered "1	res" on Form 990, Part	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
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		15,000.	0.			CONTRIBUTION TO FUNDRAISER FOR THE UKRAINIAN CATHOLIC UNIVERSITY
<ul><li>2 Enter total number of section 501(c)(3) a</li><li>3 Enter total number of other organizations</li></ul>		•					

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

Schedule I (Form 990) 2023

46-4604398

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of 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
			<u> </u>	l			0 - h - shall - 1 (F 200)

Schedule I (Form 990) 2023 RAZOM, INC.					46-4604398	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(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 red	quired in Part I, lin	ne 2; Part III, column	(b); and any other ac	Iditional information.		
PART I, LINE 2:						
AFTER A GRANTEE IS SELECTED AND BE	FORE A GF	ANT IS DIS	BURSED FRO	M RAZOM TO		
THE GRANTEE, THE GRANTEE MUST AGRE	E TO AND	SIGN A RAZ	ZOM-PROVIDE	D GRANT		
AGREEMENT. EACH AGREEMENT DETAILS	THE TERMS	S AND PROVI	ISIONS OF T	HE GRANT		
INCLUDING THE GRANTEE'S RESPONSIBI	LITIES RE	GARDING RE	EPORTING ON	THE USE OF		
FUNDS. SPECIFICALLY, GRANTEES ARE	REQUIRED	TO PROVIDE	E RAZOM WIT	H A WRITTEN		
REPORT ON USE OF THE FUNDS FOR GRA	NT PURPOS	SE, INCLUD	ING AN ITEM	IZED		
STATEMENT OF COSTS INCURRED. GRANT						
BOOKS AND RECORDS TO SUBSTANTIATE						
			=			

## SCHEDULE J (Form 990)

**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.

**2023** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

RAZOM, INC.

Part I Questions Regarding Compensation

Yes No

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,

Part VIII. Section A. Jine 1s. Complete Part III to provide any relevant information regarding those items

			res	NO
<b>1</b> a	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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	Popioval by the board of compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
_	Province and an extra state of a set of	4a		Х
	Receive a severance payment or change-of-control payment?			X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Λ
	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:			
а	The organization?	5a		X
	Any related organization?	5b		X
	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:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	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		Х
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		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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.

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retiren	eferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compen	sation			reported as deferred on prior Form 990
(1) THEODORA CHOMIAK	(i)	199,667.	0.	0.		0.	0.	199,667.	0.
CEO	(ii)	0.	0.	0.		0.	0.	0.	0.
(2) ZOE RIPECKY	(i)	181,267.	0.	0.		850.	2,136.	184,253.	0.
C00	(ii)	0.	0.	0.		0.	0.	0.	0.
(3) OKSANA FALENCHUK	(i)	180,000.	0.	0.		750.	0.	180,750.	0.
CFO	(ii)	0.	0.	0.		0.	0.	0.	0.
(4) MARIYA SOROKA	(i)	151,650.	0.	0.		0.	0.	151,650.	0.
ADVOCACY PROGRAM LEAD	(ii)	0.	0.	0.		0.	0.	0.	0.
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

## SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2023

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

RAZOM, INC.

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 for instructions and the latest information.

Inspection
Employer identification number

46 - 4604398

Pai	rt 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 de noncash contribu			s
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			3,2,3,2				
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	Х	34	31,330,896.	FMV			
21	Taxidermy	- 1		, ,				
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 organiz	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			1_	
							Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least 3 years from the date of t	he initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	ked,			
	describe in Part II.							

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

Schedule M (Form 990) 2023

Schedule M (Form 990) 2023

332142 09-11-23

## SCHEDULE O (Form 990)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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:

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

NEEDS ON THE GROUND IN UKRAINE AND ON THE OPPORTUNITIES TO AMPLIFY

VOICES FROM UKRAINE IN CONVERSATIONS IN THE UNITED STATES.

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

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

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

12675\_\_1

Name of the organization  $\mbox{\bf RAZOM} \mbox{ , } \mbox{ } \mbox{\bf INC} \mbox{ .}$ 

Employer identification number 46-4604398

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

Schedule O (Form 990) 2023

Name of the organization  $\mbox{\bf RAZOM} \mbox{ , } \mbox{ } \mbox{\bf INC} \mbox{ .}$ 

Employer identification number 46-4604398

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

Schedule O (Form 990) 2023

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

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 46-4604398 RAZOM, INC. 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.

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization RAZOM, INC.					Eı	mployer identific 46-46043		mber
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) r Total inco	(e) me End-of-year	assets	Direct co	<b>f)</b> ontrolling tity	ı
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	answered "Yes" on Form 990,	, Part IV, line 34, b	ecause it had one	or more	e related tax-exen	npt	
(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	Dire	(f) ect controlling entity	Section 5 contro entit	olled
				501(c)(3))			Yes	No
29 TURIVSKA STR., OFFICE 15	HUMANITARIAN AID AND OTHER CHARITABLE AND EDUCATIONAL ACTIVITIES	UKRAINE			DAZOM	TNG	v	
KYIV, UKRAINE	WC11A111E2	OKKAINE			KAZUM	, INC.	X	

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

Schedule R (Form 990) 2023

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	Legal domicile (state or foreign	(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	(j) General of managin partner?	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	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	(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	Citally:	
		country)		,				Yes	No

Yes No

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

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	Λ				
Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
		4							
f Dividends from related organization(s)		<u> </u>		1f		X			
	Gale of assets to related organization(s)								
	Purchase of assets from related organization(s)								
	Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)				1j		<u>X</u>			
k Lease of facilities, equipment, or other assets from related organization(s)				1k		_X			
I Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		X			
m Performance of services or membership or fundraising solicitations by related organ	nization(s)	,		1m		_X			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		_X			
Sharing of paid employees with related organization(s)				10		_X_			
						X			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
r Other transfer of cash or property to related organization(s)				1r		<u>X</u>			
s Other transfer of cash or property from related organization(s)				1s		<u>X</u>			
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	nis line, including covered re	elationships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount in	volved					
(1) RAZOM DLIA UKRAYINY	В	27,084,320.	FAIR MARKET VALUE						
(2)									
(3)									
(4)									
(5)									
(0)									
(6)			0.11.1.	D /F	. 000'	0000			
332163 09-28-23	0.0		Schedule	K (Form	1 990)	2023			

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec. 501(c)(3) orgs.?		Share of end-of-year assets	Dispropo tionate allocation:	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage ownership
					1					
									$\sqcup$	
			4							
	-									
									+	
								1	++	
			/							
									++	

# Form **8868**

(Rev. January 2024)

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

File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electro	nic filing (e-file). You can electronically file Form 8868 to	request up	o to a 6-month extension of time to fi	le any of t	the forms						
listed be	elow except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit Co	ontracts. A	An extension						
request	for Form 8870 must be sent to the IRS in a paper format (	see instru	ctions). For more details on the elect	ronic filing	g of Form						
8868, vi	sit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.									
Caution	: If you are going to make an electronic funds withdrawal (	direct deb	it) with this Form 8868, see Form 84	53-TE and	Form 8879-TE fo	r payment					
instructi	ons.										
All corp	orations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and trusts						
must us	e Form 7004 to request an extension of time to file income	e tax retur	ns.								
Part I -	dentification										
Type or	Name of exempt organization, employer, or other filer, see instructions.  Taxpayer identification number (TIN)										
Print											
	RAZOM, INC.	RAZOM, INC.									
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so 140 2ND AVE, 305	ee instruct	ions.								
return. See instruction:	-	oreign add	ress, see instructions.								
Enter th	e Return Code for the return that this application is for (file	e a separat	te application for each return)			01					
	tion Is For	Return	Application Is For			Return					
дриса	1011 13 1 01	Code	Application is 1 of			Code					
Form 90	0 or Form 990-EZ	01	Form 4720 (other than individual)			09					
	20 (individual)	03	Form 5227			10					
Form 99	•	04	Form 6069			11					
	0-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12					
	0-T (trust other than above)	06	Form 5330 (individual)			13					
Form 990-T (corporation) 07 Form 5330 (other than individual)						14					
Form 10		08	Tom occo (circi than maividual)			17					
● If this PI	ile Form 5330. application is for an extension of time to file Form 5330, y an Name an Number	ou must e	nter the following information.								
	an Year Ending (MM/DD/YYYY)		<del></del>								
	Automatic Extension of Time To File for Exempt Organi	izations (s	see instructions)			=					
	pooks are in the care of THE ORGANIZATION	izationo (c	nee mondediene,								
	140 2ND AVE, 305	- NEW	YORK, NY 10003								
Teler	phone No. 646-449-9750		Fax No.								
	organization does not have an office or place of business	in the Un									
	s is for a Group Return, enter the organization's four-digit (										
box	. If it is for part of the group, check this box	_	ch a list with the names and TINs of								
<b>1</b> Ir	equest an automatic 6-month extension of time until $$ $$ $$ $$ $$ $$	OVEMBI	ER 15_ , 20 24 , to file	the exem	npt organization re	eturn for					
th X	e organization named above. The extension is for the organization part 20 $\frac{23}{}$ or	anization's	return for:								
	tax year beginning	, 20 _	, and ending			20					
2 If	the tax year entered in line 1 is for less than 12 months, cl	hook room	on: Initial return I	inal retur	'n						
2		neck reaso	on initial return i	-inai retur	11						
30 14	Change in accounting period this application is for Forms 990-PF, 990-T, 4720, or 6069	enter the	tentative tax loss								
	• • • • • • • • • • • • • • • • • • • •	20	<b>e</b>	0.							
_	ny nonrefundable credits. See instructions. this application is for Forms 990-PF, 990-T, 4720, or 6069	3a	\$	•							
	triis application is for Forms 990-PF, 990-1, 4720, or 6069 timated tax payments made. Include any prior year overp	3b	\$	0.							
	alance due. Subtract line 3b from line 3a. Include your pa				"	<u> </u>					
	sing EFTPS (Electronic Federal Tax Payment System). See			3с	\$	0.					
	<u> </u>										