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Ferm 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www irs gov/form990

For the 2013 calendar year, or tax year beginning JUL 15, 2013 and ending DEC 31, 2013 Check if applicable C Name of organization D Employer identification number RAAM RAJ FOUNDATION Address change 46-3205733 C/O HOWARD M. CHANDLER Name change Number and street (or P O. box, if mail is not delivered to street address) Room/suite E Telephone number X Initial return 230 CONGRESS STREET, FL 12 617-622-2260 Terminated City or town, state or province, country, and ZIP or foreign postal code Group Exemption BOSTON, MA 02110 Number > Application pending Accounting Method. Cash X Accrual Other (specify) H Check Lifthe organization is not Website: ► N/A required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3)) **◄**(insert no.) 4947(a)(1) or _ 501(c) ((Form 990, 990-EZ, or 990-PF). Association K Form of organization Corporation Trust Other L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 42,629. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts Membership dues and assessments 3 4 Investment income 19,869. 5a Gross amount from sale of assets other than inventory 20,260. 5b b Less: cost or other basis and sales expenses <391.> c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events APR © 3 2014 Revenue a Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions **b** Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6с c Less; direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 22,369. 9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule 0) RECEIVED Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 800 4,555. MAR 3 1 2014 13 13 Professional fees and other payments to independent contractors 14 14 Occupancy, rent, utilities, and maintenance 15 15 Printing, publications, postage, and shipping OGDEN UT Other expenses (describe in Schedule O) 16 4,555. Total expenses Add lines 10 through 16 17 17,814. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (explain in Schedule O) 20 17,814. 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Form **990-EZ** (2013) LHA For Paperwork Reduction Act Notice, see the separate instructions.

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orn	n 990-EZ (2013) C/O HOWARD M. CHANDLER		•	46-	32057	33 Page 2
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to res	pond to any questic	on in this Part II			
	-	-	(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		0	- 22		17,814.
23	Land and buildings			23		
24	Other assets (describe in Schedule O)			24		
25	Total assets		0	25		17,814.
26	Total liabilities (describe in Schedule O)		0	• 26		0.
27			0	• 27		17,814.
Pa	art III Statement of Program Service Accomplishme	nts (see the instruc				penses
	Check if the organization used Schedule O to res	pond to any questi	on in this Part III	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE C)				ons and section
Desc	cribe the organization's program service accomplishments for each of its three largest program	services, as measured by exper	nses. In a clear and concise			trusts; optional
manr	ner, describe the services provided, the number of persons benefited, and other relevant inform	nation for each program title			for others.)
28	ORGANIZATION DID NOT ENGAGE IN PROG	RAMMING DUR	ING THE			
	CURRENT YEAR.		•]	
					<u> </u>	
	(Grants \$) If this amount includes foreign	grants, check here	•		28a	
29						
	(Grants \$) If this amount includes foreign	grants, check here	•		29a	
30						
			•	_	1	
	(Grants \$) If this amount includes foreign	grants, check here	>		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here	•		31a	
	Total program service expenses (add lines 28a through 31a)			▶	32	0.
	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each on	e even if not compensated - :	see the	instructions f	or Part IV)
	Check if the organization used Schedule O to res	pond to any questi	on in this Part IV			
	<u> </u>	(b) Average hours				
			(C) Reportable	(d) He	ealth benefits,	(e) Estimated
	(a) Name and title	per week devoted to	compensation (Forms	conti	ributions to oyee benefit	amount of other
	(a) Name and title			empli plans,	ributions to	. , ,
RA	(a) Name and title	per week devoted to	compensation (Forms W-2/1099-MISC)	empli plans,	ributions to oyee benefit and deferred	amount of other
	FAEL DAVID	per week devoted to	compensation (Forms W-2/1099-MISC)	empli plans,	ributions to oyee benefit and deferred	amount of other
PR	FAEL DAVID	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	empli plans,	ributions to oyee benefit and deferred npensation	amount of other compensation
PR HO	AFAEL DAVID RESIDENT DWARD CHANDLER	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	empli plans,	ributions to oyee benefit and deferred and pensation	amount of other compensation
PR HO TR	FAEL DAVID RESIDENT WARD CHANDLER REASURER & SECRETARY	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	empli plans,	ributions to oyee benefit and deferred npensation	amount of other compensation
PR HO TR	AFAEL DAVID RESIDENT WARD CHANDLER REASURER & SECRETARY ROMAS LINNER	per week devoted to position 8.00 20.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	empli plans,	opee benefit and deferred opensation	amount of other compensation 0.
PR HO TR TH AS	AFAEL DAVID RESIDENT WARD CHANDLER REASURER & SECRETARY HOMAS LINNER SSISTANT SECRETARY	per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	empli plans,	ributions to oyee benefit and deferred and pensation	amount of other compensation
PR HO TR TH AS RI	AFAEL DAVID RESIDENT WARD CHANDLER REASURER & SECRETARY HOMAS LINNER SSISTANT SECRETARY CHARD BOYLAND	8.00 20.00 1.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	empli plans,	ributions to oyee benefit and deferred pensation O .	amount of other compensation 0. 0.
PR HO TR TH AS RI CH	AFAEL DAVID RESIDENT DWARD CHANDLER REASURER & SECRETARY HOMAS LINNER RESISTANT SECRETARY CHARD BOYLAND HIEF TECHNOLOGY OFFICER	per week devoted to position 8.00 20.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	empli plans,	opee benefit and deferred opensation	amount of other compensation 0.
PR HO TR TH AS RI CH	AFAEL DAVID RESIDENT DWARD CHANDLER REASURER & SECRETARY HOMAS LINNER SSISTANT SECRETARY CHARD BOYLAND HIEF TECHNOLOGY OFFICER DUSSEF MOUNAYER	per week devoted to position 8.00 20.00 1.00 20.00	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	empli plans,	oyee benefit and deferred pensation O. O.	amount of other compensation 0. 0. 0.
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Page 3

_	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	٧	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		-	
	activity in Schedule O	33		х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37ь		Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter	1		
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ► MA The organization's books are in care of ► HOWARD CHANDLER Telephone no. ► 617 – 62	2 2	260	
42 a				
	Located at 230 CONGRESS STREET, FL12, BOSTON, MA ZIP+4 At any time during the calendar year, did the organization have an interest in or a signature or other authority	7411		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	163	X
	If "Yes," enter the name of the foreign country:	720	 	 ^
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	1		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		x
•	If "Yes," enter the name of the foreign country:		·	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
	, , , , , , , , , , , , , , , , , , , ,			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		Х
C	Did the organization receive any payments for indoor tanning services during the year?	44c		Х
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
	ın Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section			
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
2221	70	Form 9	90-EZ	(2013)

RAAM RAJ FOUNDATION Form 990-EZ (2013) C/O HOWARD M. CHANDLER 46-3205733 Page 4 No Yes Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a DId the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes," was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Average hours (d) Health benefits, contributions to employee benefit plans, and deferred (a) Name and title of each employee (C) Reportable (e) Estimated nsation (Forms per week devoted to amount of other W-2/1099-MISC) position compensation NONE compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the NONE organization. If there is none, enter "None." (b) Type of service (c) Compensation (a) Name and business address of each independent contractor Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note, All section 501(c)(3) organizations and 4947(a)(1) nonexempt ► X Yes charitable trusts must attach a completed Schedule A Onder persons the property of the composition of the control of th Signature of officer Sign Para Co III March 24, 2014 Here HOWARD CHANDLER TREASURER Type or print name and title Date Check Print/Type preparer's name Preparer's signature self- employed Paid 03/24/14 P00295442 LOUIS J. KATES **Preparer** Firm's EIN > 04-2160648 Firm's name STARR, FINER **Use Only** 617-783-2500 Firm's address ▶ 1280 SOLDIERS RIELD ROAD

332174 11-25-13 02135-1096

BOSTON, MA

May the IRS discuss this return with the preparer shown above? See instructions

► X Yes

Form 990-EZ (2013)

SCHEDULE A (Form 990 or 990-EZ)

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

Name of	the organizati		J FOUNDATION				**********	E	•	identıfıcatı		mber
		C/O HOW	ARD M. CHAND	LER					4	6-3205	733	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t) See inst	ructions.				
Part I The organ 1	ization is not a A church, co A school des A hospital or A medical res city, and stat An organizati section 170 A federal, sta An organizati section 170(A community An organizati activities rela income and u See section An organizati more publicly describes the a Type By checking foundation m If the organiz supporting o Since Augus (i) A perso the gove	a private foundation invention of churches cribed in section 17 a cooperative hospic search organization in the cooperative hospic search organization in the cooperative holds are to the coo	because it is. (For lines is, or association of chur (O(b)(1)(A)(ii). (Attach Sotal service organization of operated in conjunction benefit of a college or under Part II.) ient or governmental unit eleves a substantial part of the Part II.) ienter or governmental unit eleves a substantial part of eleves. (1) more than 33 inctions - subject to certal axable income (less section 170(b)(1)(A)(vi). Included exclusively for the part III.) iented exclusively for the preated exclusively for the part of exclusively for the preated ex	ations mu 1 through ches desc hedule E) described with a hos niversity or t describe of its supp (Complete 1/3% of its ain excepti tion 511 ta st for publi ne benefit on 509(a)(ete lines 1 ype III - Fu controlled y supporte the IRS the	11, check in section in section in section in section in section when or open definition in section in the se	only one book on 170(b)(1)(a) one to see the common continuous of the common continuous on 509(a)(2) on 11h ontegrated or indirectly ations desippe I, Type on from any	(A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(iii). (A)(v). (A	the mental union from the membershing of its y the organistion 509 meters of the control of the	ii). Enter it describe general appears general appears general appears general appears general appears general appears general	the hospital ped in public description of gross real from gross after June 3 purposes ceck the box in-functional persons off section 509	ribed incepts investigation of one that the per the per that the per t	n from ment 55.
	•	•	n described in (i) above?		a.?					11g(ii)	-	
			person described in (i)							11g(III)	L	L
h	Provide the f	ollowing information	about the supported or	ganization	(S)							
					organization sted in your document?	organızat (i) of you	u notify the ion in col. r support?	(vi) Is organizati (i) organiz U.S	on in col. zed in the 3.2	(vii) Amount sup	t of mo	netary
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
					 			<u> </u>	<u> </u>			
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Total												

332021 09-25-13

Form 990 or 990-EZ.

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants ")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				<u> </u>		
3	The value of services or facilities						
	furnished by a governmental unit to]	
	the organization without charge				ļ		
4	Total. Add lines 1 through 3						·
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the				1		
	business is regularly carried on	×					
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)				ļ <u>.</u> .		
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thii	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publ	here ic Support Pe	rcentage		· · · · · · · · · · · · · · · · · · ·		
	Public support percentage for 2013 (column (f))		14	%
	Public support percentage from 2012					15	%
16a	33 1/3% support test - 2013. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organization	า			ightharpoons
b	33 1/3% support test - 2012. If the	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstar	ces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"			-	-	J	
b	10% -facts-and-circumstances tes	•	,		-	17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						▶
18	Private foundation. If the organization						s 🕨
						edule A (Form 990	

Schedule A (Form 990 or 990-EZ) 2013 C/O HOWARD M. CHANDLER

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support	olow, ploade com	picto i uit ii j				
Cal	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received (Do not						
	include any "unusual grants ")				<u> </u>	22,760.	22,760.
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-					1	
	iness under section 513					j	
4	Tax revenues levied for the organ-				 	 	
7	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				ļ	00 760	00 50
	Total. Add lines 1 through 5	<u> </u>				22,760.	22,760.
7:	a Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
ı	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						0.
	Add lines 7a and 7b				,		0.
8	Public support (Subtract line 7c from line 6)	-			1		22,760.
Se	ction B. Total Support	•	L	les e	·	 	<u>, , , , , , , , , , , , , , , , , , , </u>
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(4) - 2 - 2 - 2	(2/22/2	(5/ = 5	(=) = 0 : 0	22,760.	22,760.
	Gross income from interest,				† · · · · · · · · · · · · · · · · · · ·		
	dividends, payments received on					1	
	securities loans, rents, royalties and income from similar sources		İ				
	Unrelated business taxable income				<u> </u>	 	
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					1	
	· · ·						
	Add lines 10a and 10b				ļ		
11	Net income from unrelated business activities not included in line 10b.						
	whether or not the business is	İ					
	regularly carned on						
12	Other income Do not include gain	1					
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>				22,760.	22,760.
14	First five years. If the Form 990 is for	the organization!	s first, second, thir	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiza	ation,
	check this box and stop here				•		ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2013 (I			column (f))		15 3	00.00 %
	Public support percentage from 2012	• • • • • • • • • • • • • • • • • • • •	•			16	%
	ction D. Computation of Inves			****		<u>,,</u>	
	Investment income percentage for 20		· · · · · · · · · · · · · · · · · · ·	ne 13 column (fl)		17	.00 %
	, -	•	•	10 13, Column (1))		18	
	Investment income percentage from 2	•	•	oo boo 44 ===1	n 16 in ib-	L:-1	<u>%</u>
198	a 33 1/3% support tests - 2013. If the	-					/ is not ► X
	more than 33 1/3%, check this box at						•
t	33 1/3% support tests - 2012. If the	-					nd
	line 18 is not more than 33 1/3%, che			•		•	
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	▶□

332023 09-25-13

RAAM RAJ FOUNDATION

Also complete this part for any additional information (See instructions) CHC A PG 3 EXPLANATION: CORPORATION WAS STARTED ON JULY 10, 2013.	
XPLANATION: CORPORATION WAS STARTED ON JULY 10, 2013.	
	- · · · · · · · · · · · · · · · · · · ·
	
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www. irs. gov/form9900
RAAM RAJ FOUNDATION Emplo

Name of the organization

C/O HOWARD M. CHANDLER

Employer identification number 46-3205733

OMB No 1545-0047

Open to Public

Inspection

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE CORPORATION IS
ORGANIZED TO ENGAGE IN ALL ACTIVITIES THROUGHOUT THE WORLD THAT
DISSEMINATE AND SUPPORT THE UNDERSTANDING AND APPLICATION OF
MAHARISHI'S VEDIC SCIENCE AND TECHNOLOGY TO FULLY DEVELOP LIFE ON THE
INDIVIDUAL, COMMUNITY, NATIONAL AND WORLD LEVEL, INCLUDING, WITHOUT
LIMITATION, CREATING WORLD PEACE.