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#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Open to Public

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 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

<u>A</u>	roi tile	2015 calendar year, or tax year beginning 001 1, 2015 and	ending 0	UN 30, 2010	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre:	KOMERA, INC.			
	Name chang	Doing business as		27-1	581674
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/				465-2315
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	403,072.
	Ameno	DAMAICA FLAIN, MA UZIJU		H(a) Is this a group re	
	Application pendir	F Name and address of principal officer: MANGANET BOTTLEN		for subordinates	
	•	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) d	or 527	If "No," attach a	list. (see instructions)
		e: WWW.KOMERA.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 2009 N	A State of legal domicile: NY
P		Summary	D.3. D.ET.	TELODO CELE	CONTENTE
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: KOMEI YOUNG WOMEN THROUGH EDUCATION, COMMUNITY	RA DEV	ELOPS SELF	CONFIDENT
nar	1	Check this box  if the organization discontinued its operations or dispose			esets
Ve	1	-		3	8
ၓ		Number of independent voting members of the governing body (Part VI, line 1b)			7
დ		Total number of individuals employed in calendar year 2015 (Part V, line 2a)			3
iţie		Total number of violunteers (estimate if necessary)			10
흕		Total unrelated business revenue from Part VIII, column (C), line 12			344.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			0.
	<b>├</b>	Net difference business taxable moonie from 550 f, fine 54		Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		343,410.	382,288.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		34.	18.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		453.	1,287.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		343,897.	383,593.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		37,054.	37,714.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	1			121,518.	182,679.
Jse	16a	Professional fundraising fees (Part IX. column (A). line 11e)		0.	0.
Expenses	b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	55.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		127,053.	151,122.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		285,625.	371,515.
	19	Revenue less expenses. Subtract line 18 from line 12		58,272.	12,078.
OF Sec	3	·	Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		336,732.	379,679.
ASS	21	Total liabilities (Part X, line 26)		1,618.	32,487.
Net Assets or Find Balances	22	Net assets or fund balances. Subtract line 21 from line 20		335,114.	347,192.
	art II	Signature Block			
Unc	der pena	lties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the best of m	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
Sig	ın	Signature of officer		Date	
He	re	MARGARET BUTLER, EXECUTIVE DIRECTOR			
_		Type or print name and title		Ooto I I	II DTIN
<b>.</b>		Print/Type preparer's name Preparer's signature	'	Date Check Check If	PTIN
Pai		DAVID JONES		self-employ	
	parer	Firm's name JONES, MARESCA & MCQUADE, P.A.	<u>ampa a a a</u>	Firm's EIN	52-1853933
US	Only	Firm's address 10500 LITTLE PATUXENT PARKWAY,	STE / / 0		0 004 0000
		COLUMBIA, MD 21044		Phone no.41	0-884-0220
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form	n 990 (2015) KOMERA, INC.	27-1581674	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	KOMERA DEVELOPS SELF-CONFIDENT YOUNG WOMEN THROUGH EDU	CATION,	
	COMMUNITY AND SPORT.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es? Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expense	S.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to c		
	revenue, if any, for each program service reported.	ranoro, ano total expended,	ana
4a	00 000	venue \$	1
ти	SCHOLARSHIP - KOMERA PROVIDES 72 YOUNG WOMEN WITH FULL		
	TUITION TO 5 LOCAL BOARDING SCHOOLS. KOMERA SCHOLARS A		
	SCHOOL SUPPLIES, UNIFORMS AND CLOTHING, PERSONAL HYGIE		
	HEALTHCARE AND TRANSPORT TO AND FROM SCHOOL. STUDENTS		λ Π
	LEAST ONCE A MONTH BY THE KOMERA SOCIAL WORKER.	MEKE ATOTIED	АТ
	DEAD! ONCE A MONTH B! THE KOMEKA SOCIAL WORKER.		
4b	(	venue \$	)
	POST-SECONDARY PROGRAM - 33 KOMERA GRADUATES PARTICIPA		NTH
	PROGRAM TO TRANSITION TO ADVANCED EDUCATION, INCLUDING		
	ENGLISH CLASSES, LEADERSHIP DEVELOPMENT CLASSES, COMPU	TER CLASSES,	AND
	BUSINESS DEVELOPMENT.		
	•		
4c	(Code: ) (Expenses \$ 66,781. including grants of \$ ) (Re	venue \$	1
+0		PADEMIES DURIN	ر <del>ر</del> ر
	THE SCHOOL YEAR. STUDENTS SPENT BETWEEN 3-6 DAYS AND N		_
	STAFF. IT IS AN IMPORTANT TIME TO BUILD COMMUNITY, TRU		
	THE FUTURE. STUDENTS WERE TRAINED ON HEALTH, LEADERSHI		HOW
	= <u></u>	L SKILLS, WILL	now_
	THEY CAN BE COMMUNITY BASED LEADERS.		
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ 10,387 • including grants of \$ ) (Revenue \$	)	
4e		,	
			_

27-1581674 Page **3** 

# Form 990 (2015) KOMERA, 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		Х
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			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	3 3 3 7			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
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			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40	Х	
4-7	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Λ	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4		Х
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	- 41	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		Х
	complete Schedule G, Part III	19	000	

Form **990** (2015)

27-1581674 Page 4

# Form 990 (2015) KOMERA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
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		X
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		Х
	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?			Х
20	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		20		Х
22	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J <del>-1</del>		34		х
35a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	55a		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
50	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2015)

### Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			ĺ
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	porta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	3			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)				
За				За		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a		•	4a	Х	
b	If "Yes," enter the name of the foreign country: ► RWANDA		,			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	its (FBAR).			ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		, ,	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi					
	were not tax deductible?		_	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation fi	le a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	,			
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1				
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
				14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> 0</u>		14b		(0.5.
				Form	1 <b>990</b> (	(2015)

532005 12-16-15

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	<u>'</u>		
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in 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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
10	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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 evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ►MA , NY , CA			
17 10		availa-	No.	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available. Check all that apply.	avallal	и <del>С</del>	
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
פו	statements available to the public during the tax year.	u IIIIali	cial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
20	ALISON ANDERSON - 202-670-2545			
	511 DRUID LANE, CHATTANOOGA, TN 37405			

532006 12-16-15 Form **990** (2015)

## 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per	Average (do not o			rson	than	h an	<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of
(1) DAVID BOFHMED	week (list any hours for related organizations below line)	stee or director	_	Officer p	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAVID BOEHMER BOARD CHAIRMAN	1.00	X		х				0.	0.	0
(2) JOANNE PACE	1.00	^		Δ				0.	0.	
TREASURER	1.00	X						0.	0.	0
(3) ALI SAMADI	1.00	123							•	
DIRECTOR		$\mathbf{x}$						0.	0.	0
(4) JOHN HAGARTY	1.00	<del> </del>								
DIRECTOR		X						0.	0.	0
(5) ELIZABETH BOHART	1.00									
DIRECTOR		X						0.	0.	0
(6) KRISTEN GENGARO	1.00									
DIRECTOR		Х						0.	0.	0
(7) LARKIN CALLAGHAN	1.00									
DIRECTOR		Х						0.	0.	0
(8) MARGARET BUTLER	40.00							60.600		4 445
EXECUTIVE DIRECTOR		-		Х				69,600.	0.	4,117
		$\perp$								
		1								
		_	_	_	_	•				OOO (004

Form **990** (2015)

Form 990 (2015) KOMERA , INC . 27-1581674 Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	(F) Estimate amount other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or	mpensa from th ganizat nd relat ganizati	ation ie tion ted
										$\bot$		
										+		
										+		
										_		
										+		
1b Sub-total								69,600.		•	4,1	17.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)  2 Total number of individuals (including but r							<u> </u>	69,600.	0	•	4,1	
compensation from the organization									,,		Yes	0 <b>N</b> o
3 Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	uch individual									. 3		х
<ul> <li>4 For any individual listed on line 1a, is the su and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or a</li> </ul>	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	e J 1	for such individual		. 4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors										. 5		Х
Complete this table for your five highest co the organization. Report compensation for	-	-							· · · · · · · · · · · · · · · · · · ·			
(A) Name and business	address	NC	ONE	3				<b>(B)</b> Description of s	services		(C) ensatio	n
Total number of independent contractors (     \$100,000 of compensation from the organi	•	ot lii	mite	d to		se li:	stec	d above) who received m	nore than		- <b>99</b> 0 /	(0045)

532008

Form **990** (2015)

27-1581674 Page 9

Form 990 (2015) KOMERA ,
Part VIII Statement of Revenue

		Check if Schedule O cont	aine a reenonee	or note to any lin	e in this Part VIII			
		Officer if Schedule O cont	allis a response	or note to arry iii	(A)	(B)	(C)	
					Total revenue	Related or	Unrelated	Revenue excluded from tax under
						exempt function	business	sections 512 - 514
(0, (0)						revenue	revenue	512 - 514
nts		Federated campaigns						
يق ق		Membership dues						
A,		Fundraising events		83,267.				
iai lar	d	Related organizations	1d					
ıs,	е	Government grants (contribut	ions) <b>1e</b>					
후	f	All other contributions, gifts, gran	ts, and					
là gi		similar amounts not included abo	ve <b>1f</b>	299,021.				
do	g	Noncash contributions included in lines	1a-1f: \$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		<b>&gt;</b>	382,288.			
				Business Code				
e l	2 a	ı						
ا ﴿ خَ	b							
Sel	c							
e a	d							
Program Service Revenue								
Pr	f	All other program service reve	anue					
		Total. Add lines 2a-2f						
_	3	Investment income (including						
	3				18.			18.
	4	other similar amounts)		- T	10.			10.
	4			, t				
	5	Royalties						
	_		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)		······				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)						
ø	8 a	Gross income from fundraisin	g events (not					
I		including \$ 83,2	267. of					
Other Reven		contributions reported on line	1c). See					
r R		Part IV, line 18	a	19,479.				
the	b	Less: direct expenses		19,479.				
0		: Net income or (loss) from fund			0.			
		Gross income from gaming ac						
	o u	Part IV, line 19						
	h	Less: direct expenses						
		: Net income or (loss) from gam						
	IU a	Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sale						
		Miscellaneous Revenu	ie	Business Code	0.42			0.43
		MISC INCOME	T7	900099	943.		244	943.
	b	MERCHANDISE SAL	<u>.                                    </u>	900099	344.		344.	
	С							
		All other revenue			1 005			
	е	Total. Add lines 11a-11d		▶	1,287.			
	12	Total revenue See instructions		<b>N</b>	383.593.	ا ۱ (۱	344.	961.

# Form 990 (2015) KOMERA, INC. Part IX Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a response		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations		·	Ţ .	·
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	27 714	27 714		
	individuals. See Part IV, lines 15 and 16	37,714.	37,714.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	72 717	22 727	21 216	20 764
	trustees, and key employees	73,717.	22,737.	21,216.	29,764.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	75,582.	45,836.	12,263.	17,483.
7	Other salaries and wages	75,564.	45,630.	12,203.	17,403.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	4,314.	2,856.	809.	649.
9	Other employee benefits	29,066.	21,668.	3,113.	4,285.
10	Payroll taxes	25,000.	21,000.	3,113.	4,203
11	Fees for services (non-employees):				
a	Management				
b	Legal	7,025.		7,025.	
c d	Accounting	7,0231		7,70231	
e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	((()) 44				
9	column (A) amount, list line 11g expenses on Sch O.)	58.	39.		19.
12	Advertising and promotion				
13	Office expenses	15,390.	9,411.	1,561.	4,418.
14	Information technology	3,991.	2,766.	365.	860.
15	Royalties	-	-		
16	Occupancy	10,692.	5,180.	2,427.	3,085.
17	Travel	26,112.	24,824.	750.	538.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,727.		1,727.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	POST-SECONDARY	25,766.	25,766.		
b	LEADERSHIP ACADEMIES	25,196.	25,196.		
С	LICENSES/PERMITS FEE	16,075.	13,883.	1,022.	1,170.
d	DESIGN AND PHOTOGRAPHY	6,415.	35.	3,765.	2,615.
е	All other expenses	12,675.	7,514.	3,892.	1,269.
25	Total functional expenses. Add lines 1 through 24e	371,515.	245,425.	59,935.	66,155.
26	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)				

27-1581674 Page **11** 

# Form 990 (2015) Part X Balance Sheet

Pal	τλ	Balance Sneet				
		Check if Schedule O contains a response or note to any line in this Part X	۲			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		281,407.	1	257,317.
	2	Savings and temporary cash investments		36,610.	2	36,628.
	3	Pledges and grants receivable, net		13,670.	3	53,205.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors,				
		trustees, key employees, and highest compensated employees. Complete	te			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined	under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contr	ibuting			
		employers and sponsoring organizations of section 501(c)(9) voluntary				
şţ		employees' beneficiary organizations (see instr). Complete Part II of Sch	_		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
			950.	•		06.050
	b	Less: accumulated depreciation 10b	0.	0.	10c	26,950.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11	_		13	
	14	Intangible assets		F 0.45	14	F F F F O
	15	Other assets. See Part IV, line 11		5,045.	15	5,579.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		336,732.	16	379,679.
	17	Accounts payable and accrued expenses		1,618.	17	32,487.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
ies	22	Loans and other payables to current and former officers, directors, truste				
Ħ		key employees, highest compensated employees, and disqualified person				
Liabilities		Complete Part II of Schedule L			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			OE.	
	26	Schedule D  Total liabilities. Add lines 17 through 25		1,618.	25 26	32,487.
	20	Organizations that follow SFAS 117 (ASC 958), check here ► X	and	1,010.	20	32,407
<b>(</b> 0			anu			
ĕ	27	complete lines 27 through 29, and lines 33 and 34.		326,364.	27	328,442.
alan	28	Unrestricted net assets Temporarily restricted net assets		8,750.	28	18,750.
Fund Balances	29	<b>B</b>		0,7300	29	10//500
u n	29	Organizations that do not follow SFAS 117 (ASC 958), check here			23	
Ĕ		and complete lines 30 through 34.				
Net Assets or	30	Capital stock or trust principal, or current funds			30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
τÀ	32	Retained earnings, endowment, accumulated income, or other funds			32	
(D)		Total net assets or fund balances	_	335,114.	33	347,192.
ž	33	Lotal net assets or fund halances				

Form **990** (2015)

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>3,5</u>	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,5	
3	Revenue less expenses. Subtract line 2 from line 1	3			78.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	33	5,1	<u> 14.</u>
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	34	7,1	92.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				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 in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	X 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 separat	e basis,			
	consolidated basis, or both:				
	Separate basis 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 th	e 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 in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	_	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (	(2015)

532012 12-16-15

#### **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

### 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

Open to Public Inspection

Employer identification number Name of the organization KOMERA. INC. 27-1581674 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above (see instructions)) instructions) instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015

13

### 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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	101,500.	177,486.	234,947.	343,410.	382,288.	1239631.
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	404 500	455 406	004 045	242 442	222	1000601
	Total. Add lines 1 through 3	101,500.	177,486.	234,947.	343,410.	382,288.	1239631.
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,						100 001
	column (f)						188,994.
	Public support. Subtract line 5 from line 4.						1050637.
	ction B. Total Support				T		
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012 177,486.	(c) 2013 234, 947.	(d) 2014 343,410.	(e) 2015 382, 288.	(f) Total 1239631.
	Amounts from line 4	101,500.	1//,486.	234,947.	343,410.	382,288.	1239631.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	1.0	F.1	F.4		1.0	150
	and income from similar sources	16.	51.	51.	34.	18.	170.
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				150	1 207	1 740
	assets (Explain in Part VI.)				453.	1,287.	1,740. 1241541.
	<b>Total support.</b> Add lines 7 through 10		,				643,438.
12	Gross receipts from related activities,	•	,			12	043,430.
13	First five years. If the Form 990 is for				-		▶□
Sec	organization, check this box and storection C. Computation of Publ		rcentage				<b>P</b>
	Public support percentage for 2015 (l			column (f))		14	84.62 %
	Public support percentage from 2014					15	88.09 %
	33 1/3% support test - 2015. If the o						
100	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2014. If the o						
~	and <b>stop here.</b> The organization qual	•		•		•	
<b>17</b> a	10% -facts-and-circumstances tes						
.,,	and if the organization meets the "fac	J			, , ,		•
	meets the "facts-and-circumstances"						
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						<b>•</b>
18	Private foundation. If the organization						s •
<u></u>		314 1101 011001( 4	20X 011 m 10 10, 10	-, , . , u, u, u, 17 k		dula A (Farm 000	

#### 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						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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							
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
7 6	, ,						
	3 received from disqualified persons 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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	<b>(e)</b> 2015	(f) Total
	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ						
15	Public support percentage for 2015 (	ine 8, column (f) d	livided by line 13, o	column (f))		15	%
	Public support percentage from 2014					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	15 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from	<b>2014</b> Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the					33 1/3%, and line 1	
	more than 33 1/3%, check this box a						<b>&gt;</b>
ŀ	33 1/3% support tests - 2014. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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### Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of 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 (b) and (c) 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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) 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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
46		
10a		
10b		

Pa	rt IV   Supporting Organizations <sub>(continued)</sub>			
			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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	<u> </u>		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <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 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			
<u> </u>	ation 6. Type it supporting organizations		Yes	No
4	Ware a majority of the examination's divectors by twistons during the tay year also a majority of the divectors		162	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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	_		
<u> </u>	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 in (2), 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		<u> </u>
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 yea(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 government entity (see inst	ructions	<u>).</u>	
2	Activities Test. Answer (a) and (b) 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 in (a) 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. <i>Answer (a) and (b) below.</i>			
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? Provide details in <i>Part VI</i> .	3a		
b		- 4		
	of its supported organizations? If "Yes," describe in <i>Part VI</i> the role played by the organization in this regard.	3b		

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Pa	Part V   Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All				
	other Type III non-functionally integrated supporting organizations must complete Sections A through E.				
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 <b>Part VI</b> ):				
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 1-1/2% 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 .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 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-functional	y-integral	ed Type III supporting org	anization (see	
	instructions).			·	

Schedule A (Form 990 or 990-EZ) 2015

1 ai	Type in item i amenemany integrated eee	(a)(3) Supporting Orga	dilizations (continued)	
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,			
	line 7:			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.			
	Remaining underdistributions for years prior to 2015, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a				
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	LACCOC 115111 2010			

Schedule A (Form 990 or 990-EZ) 2015

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II LINE 10
\$33- FEES TO SUBMIT A BID
\$344- WEBSTORE MERCHANDISE SALES
\$910- CURRENCY EXCHANGE

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

27-1581674 KOMERA, INC.

Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X = 501(c)(-3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter h purpose. Do not co	a described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \rightarrow \$				
out it <b>must</b> answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
1		\$ 30,200.  Person X Payroll   Noncash   (Complete Part II for noncash contributions)	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
2		Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
3		Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	
4	Name, address, and Zir + +	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
5		Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
6		Person X Payroll Noncash (Complete Part II for noncash contributions	

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	rame, address, and 2n + +	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		s10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000 <b>.</b>	Person X Payroll

Name of organization Employer identification number 27-1581674

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		l l	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Nume, address, and 2n + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17			Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18			Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number 27-1581674

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$37,401.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	Name, address, and Zir + +	\$\$,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

KOMERA, INC.

27-1581674

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		<u> </u>	
23453 10-26-			990, 990-EZ, or 990-PF) (201

Name of organ	ization			Employer identification number				
KOMERA,	INC.			27-1581674				
Part III	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou.  Use duplicate copies of Part III if addition	columns <b>(a)</b> through <b>(e) and</b> the s, charitable, etc., contributions of \$1,	following line	n 501(c)(7), (8), or (10) that total more than \$1,000 foentry. For organizations				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-		(e) Transfer o	of gift					
_	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee				
-								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
-								
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Re	lationship of transferor to transferee				
(a) No.								
Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer o	er of gift  Relationship of transferor to transferee					
-	,			·				
(a) No.	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held				
Part I	· · · · · · · · · · · · · · · · · · ·							
-		(e) Transfer o	of aift					
	Transferee's name, address, ar		Relationship of transferor to transferee					
-								

#### **SCHEDULE D** (Form 990)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection

Name of the organization

KOMERA TNC. Employer identification number 27-1581674

Pa	t I Organizations Maintaining Donor Advised	Funds or Other Similar Fund	s or Acco	unts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6			·
	, ,	(a) Donor advised funds	<b>(b)</b> Fur	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writ	ting that the assets held in donor advi	sed funds	
	are the organization's property, subject to the organization's exc	_		Yes No
6	Did the organization inform all grantees, donors, and donor advi-			
	for charitable purposes and not for the benefit of the donor or de			
			ŭ	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	(check all that apply).		
	Preservation of land for public use (e.g., recreation or educ	cation) Preservation of a hist	orically impo	rtant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conserv	vation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b				
С	Number of conservation easements on a certified historic struct	ure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after	er 8/17/06, and not on a historic struct	:ure	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release			n during the tax
	year ▶			
4	Number of states where property subject to conservation easen	nent is located		
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it ho	olds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing con	servation ea	sements during the year
	<b>)</b>			
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conserva	ation easeme	ents during the year
	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above s	•		
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	·		
	include, if applicable, the text of the footnote to the organization	i's financial statements that describes	the organiza	tion's accounting for
D-	conservation easements.	ort Historiaal Tussaanuss au C	Mb a O!	In Annata
Pa	t III Organizations Maintaining Collections of A		tner Simi	iar Assets.
_	Complete if the organization answered "Yes" on Form 99			
1a	If the organization elected, as permitted under SFAS 116 (ASC S			
	historical treasures, or other similar assets held for public exhibit	,	ance of public	c service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes			
b	If the organization elected, as permitted under SFAS 116 (ASC S			
	treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of pu	iblic service,	provide the following amounts
	relating to these items:			<b>*</b>
	(i) Revenue included on Form 990, Part VIII, line 1		_	\$
^				\$
2	If the organization received or held works of art, historical treasu	,	ai gain, provid	ae
_	the following amounts required to be reported under SFAS 116	·	_	Φ
a	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			Þ

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

Schedule D (Form 990) 2015

	(i) unrelated organizations				3a(i)		
	(ii) related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ns listed as required on S	Schedule R?		3b		
4	Describe in Part XIII the intended uses of the organization	ganization's endowment	funds.				
Pa	rt VI Land, Buildings, and Equipmer	nt.					
	Complete if the organization answered "	Yes" on Form 990, Part I	V, line 11a. See Form 99	0, Part X, line 10.			
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k value	е
1a	Land						
b	Buildings						

26,950.

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

Schedule D (Form 990) 2015

bv:

а b

Part IV

c Leasehold improvements .....

**d** Equipment

26,950.

26,950.

Complete if the organization answered "Yes				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or er	nd-of-year market value
(1) Financial derivatives				
2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes	on Form 990 Part IV	ine 11c. See Form 990	Part X line 13	
(a) Description of investment	(b) Book value			nd-of-year market value
	(b) Book value	(b) Mounda of t	<u> </u>	Ta or your market value
(1)				
(2)				
(3)	ļ			
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
			Dest V. Bres 45	
Complete if the organization answered "Yes		ine 11a. See Form 990,	Part X, line 15.	(h) Deelevelve
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	15\			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	ı <del>c</del> 13.)		<b>P</b>	· I
	L F 200 5 17:		- 000 B 137 " =	F
Complete if the organization answered "Yes	on Form 990, Part IV,		n 990, Part X, line 2	5.
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)		<u> </u>		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin	•			
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) lin  2. Liability for uncertain tax positions. In Part XIII, provid	e the text of the footno			
(9) <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) lin	e the text of the footno			

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2015
Open to Public Inspection

Name of the organization

Employer identification number

	MERA, INC.					27-158167	
Par	rt I General Inf	ormation on A	ctivities Out	tside the United States. Compl	ete if the organ	ization answered "Y	es" on
	Form 990, Par						
1	_	-		ds to substantiate the amount of its gr			
	the grantees' eligibility	/ for the grants or	assistance, and	the selection criteria used to award the	e grants or assi	stance? X	Yes  No
2	For grantmakers. De	scribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	side the
	United States.			·	· ·		
3	Activities per Region.	(The following Par	t I, line 3 table ca	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activ	/ity listed in (d)	(f) Total
		offices	employees, agents, and independent	(by type) (e.g., fundraising, program		gram service,	expenditures for and
		in the region	independent contractors	services, investments, grants to		specific type	investments
			in region	recipients located in the region)	of service	e(s) in region	in region
SUB-	SAHARAN AFRICA -				KOMERA OPER	ATES IN A	
ANGO	DLA, BENIN,				FOREIGN FIE	LD OFFICE IN	
BOTS	SWANA, BURKINA				RWANDA WHER	E THEY	
FASC	),	1	8	PROGRAM SERVICES	SUPPORT THE	LOCAL	183,956.
		+					
3 a	Sub-total	1	8				183,956.
	Total from continuation						, , ,
	sheets to Part I		0				0.
С	Totals (add lines 3a						
	and 3b)	.   1	8				183,956.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2015

Schedule F (Form 990) 2015 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 KOMERA, INC. 27-1581674 Page 2

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

					1 (b) IRS code section (c) Region (c) Region (d) Purpose of grant (e) Amount (f) Manner of of cash grant (f) Manner of cash disbursement (g) Amount of non-cash of non-cash assistance assistance assistance apprais	
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by						(c) Region (d) Purpose of grant (d) Amount of cash grant cash disbursement assistance
						Name of organization and EIM (if applicable)  (ig) Amount (ig) Amount (ig) Amount (ig) Amount of organization and EIM (if applicable)  (ig) Amount (ig

Schedule F (Form 990) 2015

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. KOMERA, INC.

				SCHOLARSHIPS	(a) Type of grant or assistance (b) Region
				SSUB-SAHAKAN AFRICA - ANGOLA, BENIN, BOTSWANA, BURKINA FASO,	(b) Region
				105	<b>c)</b> Number of recipients
				0.	(d) Amount of cash grant
				0.WIRE	(e) Manner of cash disbursement
				37,714.	(f) Amount of non-cash assistance
					(g) Description of non-cash assistance
					(h) Method of valuation (book, FMV, appraisal, other)

27-1581674 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 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 Instructions for Forms 3520 and 3520-A; do not 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 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 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 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 Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

11191107 793927 30382

30382\_\_1

#### **SCHEDULE G**

(Form 990 or 990-EZ)

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, lines 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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization $ {\color{red} \textbf{KOMERA}} \; ,$	TNC.					Employer ide 27-1581	ntification number 674
	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV, I	ine 1		
<ul> <li>Indicate whether the organization rais a Mail solicitations</li> <li>Internet and email solicitations</li> <li>Phone solicitations</li> <li>In-person solicitations</li> <li>Did the organization have a written of key employees listed in Form 990, P</li> <li>If "Yes," list the ten highest paid indicompensated at least \$5,000 by the</li> </ul>	sed funds through any of the following and solicitate and solicitate and solicitate art VII) or entity in connection with prividuals or entities (fundraisers) pursuits and solicitate art VII) or entities (fundraisers) pursuits and solicitate art VII) or entities (fundraisers) pursuits and solicitate art VII) or entities (fundraisers) pursuits and solicitate art VIII) or entities (fundraisers) pursuits art VIII or entities (fundraisers) purs	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustodv	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.			outions	s or has been notified	d it is	exempt from re	egistration

532081 09-14-15 Schedule G (Form 990 or 990-EZ) 2015

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

Pa	rt l	Fundraising Events. Complete if the	e organization answered	"Yes" on Form 990,	Part IV, line 18, or reported	more than \$15,000
		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. I	ist events with gross receip	ots greater than \$5,000.
			(a) Event #1 FUNDRAISING EVENT	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	102,746.			102,746.
	2	Less: Contributions	83,267.			83,267.
	3	Gross income (line 1 minus line 2)	19,479.			19,479.
	4	Cash prizes				
Se	5	Noncash prizes				
kpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Ω	8	Entertainment				
	9	Other direct expenses				19,479.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	19,479.
_		Net income summary. Subtract line 10 from I			<b>&gt;</b>	0.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19	, or reported more than	
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(L) Dull taba/inatan	.	T(n= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bin		(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				-
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes No	%	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
а	ls t	ter the state(s) in which the organization condithe organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:			tax year?	Yes No

Schedule G (Form 990 or 990-EZ) 2015

Sch	nedule G (Form 990 or 990-EZ) 2015 KOMERA, INC. 27-1	581	674	Page 3
	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?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
ı	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party  \$\bigs\\$			
	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of convince provided			
	Description of services provided	-		
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	☐ No
ı	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	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	ines 9,	9b, 10	)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

Schedule G	G (Form 990 or 990-EZ)	KOMERA, INC.	27-1581674 Page 4
Part IV	G (Form 990 or 990-EZ)  Supplemental Info	rmation (continued)	<u> </u>

### SCHEDULE O

(Form 990 or 990-EZ)

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

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

2015

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Emp

Employer identification number 27-1581674

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INC.

KOMERA,

PARENT CO-OPERATIVE - KOMERA SUPPORTS SCHOLARS' PARENTS WITH MONTHLY

TRAININGS ON PERSONAL SAVINGS, FAMILY MANAGEMENT AND LEADERSHIP SKILLS.

KOMERA ALSO PROVIDES THE CO-OPERATIVE WITH SMALL LOANS TO DEVELOP

COMMUNITY BASED BUSINESSES SUCH AS MUSHROOM GROWING. THESE SMALL

BUSINESSES SUPPORT SCHOOL MATERIALS FOR STUDENTS AND ALSO INCREASE

PERSONAL WEALTH.

EXPENSES \$ 4,519. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MENTORSHIP PROGRAM - KOMERA'S SCHOOL-BASED TEACHER MENTORS RECEIVE

TRAINING FROM KOMERA SOCIAL WORKERS. THEY THEN MEET WITH KOMERA

SCHOLARS ON A WEEKLY BASIS TO COVER TOPICS SUCH AS TIME MANAGEMENT,

GIRLS' RIGHTS, HEALTH, AND CAREER DEVELOPMENT.

EXPENSES \$ 5,868. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

A COPY OF FORM 990 IS PROVIDED BY E-MAIL TO THE EXECUTIVE DIRECTOR WHO THEN

FORWARDS COPIES TO ALL BOARD MEMBERS BEFORE APPROVAL IS MADE.

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

THE POLICY IS BROUGHT UP AT AN ANNUAL MEETING AND ANYONE WITH A POTENTIAL

CONFLICT MUST SPEAK WITH THE BOARD CHAIR AT THAT TIME. IN ADDITION BOARD

MEMBERS ARE REQUIRED TO DISCLOSE CONFLICT OF INTEREST ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)