Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling"	
selection box in the Adobe "Print" dialog.	
PUBLIC DISCLOSURE COPY	

990

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

OMB No. 1545-0047

A F	or the	2017 calendar year, or tax year beginning $\mathrm{JUL}1$, 2017	ending J	<u>UN 30, 2018</u>	
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number
	Addres change	s KOMERA, INC.			
	Name change	Doing business as			581674
	Initial return		Room/suite	E Telephone numbe	
	Final return/ termin-	PO BOX 1491			465-2315
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	677,866.
	_lreturn	DAMAICA FLAIN, MA UZIJU		H(a) Is this a group r	
	Applica tion pending	F Name and address of principal officer:MARGARET BUTLER SAME AS C ABOVE			? Yes X No
			r 527	H(b) Are all subordinates i	
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) ole: ► WWW • KOMERA • ORG	1 321	1	list. (see instructions)
		organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption 2009	M State of legal domicile: NY
		Summary	L Teal (or formation. 2005 r	VI State of legal dofficile. 14 1
		Briefly describe the organization's mission or most significant activities: KOMER	RA DEV	ELOPS SELF-	CONFIDENT
Activities & Governance		YOUNG WOMEN THROUGH EDUCATION, COMMUNITY,	AND	SPORT.	
rna	_	Check this box if the organization discontinued its operations or dispose			ssets.
ove		Number of voting members of the governing body (Part VI, line 1a)			9
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			8
es {		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			2
viti	6 7	Fotal number of volunteers (estimate if necessary)		6	88
Acti	7a ⊺	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	73.
_	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
e l		Contributions and grants (Part VIII, line 1h)		428,643.	646,396.
Revenue		Program service revenue (Part VIII, line 2g)		0. 18.	0. 31.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,284.	73.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		429,945.	646,500.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,608.	120,132.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
G		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		183,127.	221,112.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		1,600.	0.
per		Fotal fundraising expenses (Part IX, column (D), line 25) 60, 23	31.	,	_
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,602.	128,738.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		389,937.	
		Revenue less expenses. Subtract line 18 from line 12		40,008.	176,518.
let Assets or und Balances			Be	ginning of Current Year	End of Year
sets	20 7	Fotal assets (Part X, line 16)		391,294.	560,489.
at As		Total liabilities (Part X, line 26)		4,094.	10,753.
-正		Net assets or fund balances. Subtract line 21 from line 20		387,200.	549,736.
	rt II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules , and complete. Declaration of preparer (other than officer) is based on all information of whi			y knowledge and belief, it is
uue,	COLLECT	, and complete. Deciaration of preparer (other than officer) is based on all illiornation of will	icii preparei	lias any knowledge.	
Ciar	.	Signature of officer		I Date	
Sigr Here		MARGARET BUTLER, EXECUTIVE DIRECTOR			
Here		Type or print name and title			
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN
Paid		JOLANTA TUCK, CPA JOLANTA TUCK, CF	PA 0	4/17/19 if self-employ	P01340068
Prep	-	Firm's name KEVIN P MARTIN ASSOCIATES, P.C.	1-	Firm's EIN	04-3097400
Use	-	Firm's address 10 FORBES WEST			
		BRAINTREE, MA 02184		Phone no. (7	81)380-3520
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KOMERA DEVELOPS SELF-CONFIDENT YOUNG WOMEN THROUGH EDUCATION, COMMUNITY, AND SPORT.
	·
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 206,456 · including grants of \$ 120,132 ·) (Revenue \$)
	EDUCATION - THE ORGANIZATION SPONSORS SCHOLARS WITH FULL ROOM, BOARD
	AND TUITION AT A PUBLIC BOARDING SCHOOL IN RWANDA. DURING SCHOOL HOLIDAYS, SCHOLARS ATTEND CAMPS WHERE THEY RECEIVE TRAINING ON
	REPRODUCTIVE HEALTH, CAREER COUNSELING, LEADERSHIP DEVELOPMENT AND HOW
	TO BE LEADERS WITHIN THEIR COMMUNITIES. ONCE STUDENTS FINISH SCHOOL
	THEY ATTEND THE POST-SECONDARY TRANSITION PROGRAM (PSTP). THE PSTP
	TRAINS THEM IN ENGLISH, ICT, SMALL BUSINESS DEVELOPMENT AND HELPS THEM
	APPLY TO UNIVERSITY. THE ORGANIZATION ALSO SUPPORTS THE UNIVERSITY
	EDUCATION OF SELECT SCHOLARS.
4b	(Code:) (Expenses \$ 37,211 • including grants of \$) (Revenue \$)
1 0	AMPLIFY - IN 2017, THE USA LEADERSHIP OF KOMERA LAUNCHED A SISTER
	INITIATIVE CALLED AMPLIFY. AMPLIFY IS A COLLECTIVE OF ORGANIZATIONS
	WORKING IN COMMUNITIES IN EASTERN AFRICA TO BUILD FEMALE LEADERS BY
	SCALING IDEAS AND BEST PRACTICES THROUGH COLLABORATION. THROUGH
	COLLECTIVE METRICS, THE ORGANIZATION WILL PROVE THAT LOCALLY BASED
	ORGANIZATIONS ARE DELIVERING VALUE FOR GIRLS AND AMPLIFY WILL PROVIDE A
	PLATFORM FOR GLOBAL ENGAGEMENT.
4c	(Code:) (Expenses \$ 96,750 • including grants of \$) (Revenue \$)
	COMMUNITY DEVELOPMENT - THE ORGANIZATION BUILDS A LOCAL COMMUNITY OF
	SUPPORT FOR THE SCHOLARS. AT SCHOOL, A SCHOLAR MEETS WITH HER KOMERA
	MENTOR AND FELLOW SCHOLARS ONCE A WEEK. AT HOME, HER PARENTS WORK WITH THE KOMERA PARENT CO-OPERATIVE. THEY RECEIVE TRAINING ON HOW TO LAUNCH
	SMALL BUSINESSES TO HELP SUPPORT THEIR FAMILIES AND PROVIDE MODEST
	SCHOOL MATERIALS FOR THE SCHOLARS.
44	Other program services (Describe in Schedule O.)
-t u	(Expenses \$ 17,917 • including grants of \$) (Revenue \$)
4e	Total program service expenses 358,334.
	Form 990 (2017)

Form 990 (2017) 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		Х
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		Х
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		X
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	Х	
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		Х
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		77	
	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			₹.
	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	امرا	v	
4 -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا مد		v
	complete Schedule G, Part III	19	000	X

Form **990** (2017)

Form 990 (2017) KOMERA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20 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?	20 b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		х
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			1
	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,"			1
	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			1
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	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			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			77
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Х	l
	Note. All Form 990 filers are required to complete Schedule O	38	Λ	

Form **990** (2017)

Form 990 (2017) KOMERA, INC.
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	<u></u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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 2		37	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			v
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-	Х	
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	21	
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
-	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 contributions or gifts			
	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 services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a h	Did the annualized conscionation makes a distribution to a depart depart of size of a valet of source of	9b		
10	Section 501(c)(7) organizations. Enter:	35		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. 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			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 730 to report those payments? If "No." provide an explanation in Schedule O.	14a		
a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990	(2017)

732005 11-28-17

Form 990 (2017) KOMERA, INC. 27-1581674 Page

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			
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 1b 8			
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		Х
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		Х
b				
	persons other than the governing body?	7b		Х
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		Х
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		X
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		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			
	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA , NY , CA			
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) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ALISON ANDERSON - 202-670-2545			
	511 DRUID LANE, CHATTANOOGA, TN 37405			

Form **990** (2017)

Form 990 (2017) KOMERA, INC. 27-1581674 Page 7

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 week	Position (do not check more than box, unless person is bo officer and a director/tru			than	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	below line)	hours for related organizations below belo	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations					
(1) DAVID BOEHMER	5.00	. ,		٠,,					0	•
BOARD CHAIRMAN	2.00	Х		Х				0.	0.	0
(2) JOHN HAGARTY	2.00	X		x				0.	0.	0
TREASURER (3) ALI SAMADI	2.00	^		^				0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
(4) ELIZABETH BOHART	2.00	122							0.	0
DIRECTOR	2,00	\mathbf{x}						0.	0.	0
(5) KRISTEN GENGARO	2.00	∺								
DIRECTOR		x						0.	0.	0
(6) LARKIN CALLAGHAN	2.00							-		
DIRECTOR		X						0.	0.	0
(7) VICTORIA REESE	2.00									
DIRECTOR		X						0.	0.	0
(8) JESSICA RIVERA	2.00									
DIRECTOR		Х						0.	0.	0
(9) MARGARET BUTLER	40.00								_	
EXECUTIVE DIRECTOR		Х		Х				59,553.	0.	6,396
		$\left\{ \right.$								
		_								
		_								
		-								
						<u> </u>		L		

Form **990** (2017)

Form 990 (2017) KOMERA, INC. 27-1581674 Page 8

ı aı	t VII Section A. Officers, Directors, Trus	tees, Key Em (B)	pioy	ees		<u>a Hi</u> C)	igne	ST C					/E\	
	(A) Name and title	Average			Pos	itior	1		(D) Reportable	(E) Reportable		Fc	(F) stimate	hd.
	IVALITE ATTA LILLE	hours per	(do not check more than one box, unless person is both an officer and a director/trustee)				than is bot	h an	compensation	compensation			nount	
		week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
		(list any hours for	lirecto				L		the organization	organization (W-2/1099-MIS			pensa	
		related	ee or d	stee			nsated		(W-2/1099-MISC)	(88-2/1099-1818	30)		anizati	
		organizations	Itrust	nal tru		oyee	ombe						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
			르	Ë	₽	- Se	三品	요						
			_											
							-							
			-											
			1											
			-											
			ł											
	Sub-total								59,553.		0.		6,3	
	Total from continuation sheets to Part V								59,553 .		0.		6,3	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r									000 of roportab			0,3	90.
2	compensation from the organization	ioi iiiiiitea to ti	1036	ilote	su ai	DOV	C) WI	10 1	eceived more than \$100	,,000 or reportab	ie.			0
													Yes	No
3	Did the organization list any former officer,	,		e, ke	y er	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	=		-					•	the organization		4		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for convices		4		
3	rendered to the organization? If "Yes," com	•				,			led organization or indiv	dual for services		5		X
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,								
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A) Name and business	address	NI	INC	7				(B) Description of s	ervices	C)) ompe	C) nsatio	n
	rame and pasiness		14/	2141				\dashv	Boompton or c	0111000		ompo		<u> </u>
								\dashv						
								+						
2	Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >				(0						000	
												Form	990 (2	2017)

732008 11-28-17

	I VII			e or note to anv lin	e in this Part VIII			
		Check if Schedule O con		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Gra	b	Membership dues						
ts,	С	Fundraising events	1c	110,332.				
iar	d	Related organizations	1d					
ns,	е	Government grants (contribute	tions) 1e					
er S	f	All other contributions, gifts, grar						
호된		similar amounts not included abo	ove 1f	536,064.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	s 1a-1f: \$	11,150.	646 206			
<u>ā Č</u>	h	Total. Add lines 1a-1f			646,396.			
•	0 -			Business Code				
Vice	2 a							
Ser	b							
re ver	c d	-						
Program Service Revenue	e e							
Pro		All other program service reve	enue					
	a a	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)		>	31.			31.
	4	Income from investment of ta						
	5	Royalties		>				
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	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						
		Gain or (loss)						
		Net gain or (loss)		.				
ine	8 a	Gross income from fundraisir including \$10, 3	ng events (not					
Other Revenu								
Re		contributions reported on line		a 31,366.				
her	h	Part IV, line 18 Less: direct expenses		ы 31,366.				
Ď		Net income or (loss) from fund			0.			
		Gross income from gaming a	-					
	Ja	Part IV, line 19		a				
	b	Less: direct expenses		b				
		Net income or (loss) from gan						
		Gross sales of inventory, less	-					
		and allowances		a				
	b	Less: cost of goods sold		ь				
		Net income or (loss) from sale		>				
		Miscellaneous Revenu	ie	Business Code				
	11 a	MERCHANDISE SAI	ĿΕ	900099	73.		73.	
	b							
	С							
		All other revenue						
	е	Total. Add lines 11a-11d			73.			
	12	Total revenue. See instructions.			646,500.	0.	73.	31.

Form 990 (2017) KOMERA, INC. Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com				
	Check if Schedule O contains a respon	7=1			
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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	100 100	100 120		
	individuals. See Part IV, lines 15 and 16	120,132.	120,132.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	70 205	E4 007	7 022	15 665
	trustees, and key employees	78,325.	54,827.	7,833.	15,665.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	100 000	F.C. 002	00 617	00 610
7	Other salaries and wages	102,228.	56,993.	22,617.	22,618.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	T 000	F 002		
9	Other employee benefits	7,093.	7,093.	2 406	0 005
10	Payroll taxes	33,466.	27,973.	2,496.	2,997.
11	Fees for services (non-employees):				
	Management	4 605	1 600		
	<u> </u>	1,687.	1,687.	0.055	
	• • • • • • • • • • • • • • • • • • • •	8,875.		8,875.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	4 000	4 605	100	
	column (A) amount, list line 11g expenses on Sch O.)	4,823.	4,695.	128.	
12	Advertising and promotion	12 200	F 01.6	2 070	4 502
13	Office expenses	13,288.	5,816.	2,879.	4,593.
14	Information technology	4,619.	4,619.		
15	Royalties	15 406	10 522	0 000	2 700
16	Occupancy	17,406.	10,733.	2,883.	3,790.
17	Travel	22,520.	17,325.	928.	4,267.
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	5,676.	5,390.	286.	
22	Depreciation, depletion, and amortization	3,014.	1,174.	1,840.	
23	Insurance	3,014.	1,1/4.	1,040.	
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)				
а	amount, list line 24e expenses on Schedule 0.) PROGRAM SUPPLIES & SUPP	42,344.	38,984.	500.	2,860.
b		,	,		,
c					
d					
e	All other expenses	4,486.	893.	152.	3,441.
25	Total functional expenses. Add lines 1 through 24e	469,982.	358,334.	51,417.	60,231.
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)				
	,				Earm 990 (2017)

Form 990 (2017) Part X Balance Sheet

Га	πх	Balance Sneet				
		Check if Schedule O contains a response or note to	any line in this Part X			
				(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		270,948.	1	280,945.
	2	Savings and temporary cash investments		61,747.	2	61,777.
	3	Pledges and grants receivable, net		34,500.	3	191,538.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and forme	r officers, directors,			
		trustees, key employees, and highest compensated	employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified				
		section 4958(f)(1)), persons described in section 495				
		employers and sponsoring organizations of section 5	501(c)(9) voluntary			
ş		employees' beneficiary organizations (see instr). Con	nplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
⋖	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,539.	9	6,330.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation 10	b 11,066.	21,560.	10c	19,899.
	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			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal line	e 34)	391,294.	16	560,489.
	17	Accounts payable and accrued expenses		4,094.	17	10,753.
	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	
es	22	Loans and other payables to current and former office	cers, directors, trustees,			
≝		key employees, highest compensated employees, ar	nd disqualified persons.			
Liabilities		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrelated			23	
	24	Unsecured notes and loans payable to unrelated thin	rd parties		24	
	25	Other liabilities (including federal income tax, payable	es to related third			
		parties, and other liabilities not included on lines 17-2	24). Complete Part X of			
		Schedule D		4 004	25	10 550
	26	Total liabilities. Add lines 17 through 25		4,094.	26	10,753.
		Organizations that follow SFAS 117 (ASC 958), ch				
Ses		complete lines 27 through 29, and lines 33 and 34		244 007		210 251
anc	27	Unrestricted net assets		344,027.	27	318,351.
Fund Balances	28	Temporarily restricted net assets		43,173.	28	231,385.
pq	29				29	
Ī		Organizations that do not follow SFAS 117 (ASC 9	958), check here 🕨 📖			
, o		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipn			31	
Net Assets or	32	Retained earnings, endowment, accumulated incom		207 222	32	F40 F36
_	33	Total net assets or fund balances		387,200.	33	549,736.
	34	Total liabilities and net assets/fund balances		391,294.	34	560,489.

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			82.
3	Revenue less expenses. Subtract line 2 from line 1	3			18. 00.
4	3 3 7 (1 7 7 7 (//				
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	-1	3,9	82.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	54	9,7	36.
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		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X 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 the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

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 12, 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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 listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions)) Total

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.
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	004 045	242 440	200 000	100 610	646 206	
4	Total. Add lines 1 through 3	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.
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,						E 4 0 2 4 E
	column (f)						548,347.
	Public support. Subtract line 5 from line 4.						1,487,337.
	etion B. Total Support	() 0040	(1) 0044	/) 0045	(1) 0040	() 0047	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2013 234, 947.	(b) 2014 343,410.	(c) 2015 382, 288.	(d) 2016 428,643.	(e) 2017 646, 396.	(f) Total
	Amounts from line 4	234,947.	343,410.	302,200.	420,043.	040,390.	2,035,684.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	51.	34.	18.	18.	31.	152.
_	and income from similar sources	31.	24.	10.	10.	31.	134.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	•		453.	1,287.	1,284.	73.	3,097.
11	assets (Explain in Part VI.)		1331	1/20/1	1/2010	, 5 0	2,038,933.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	2,000,000,
13	First five years. If the Form 990 is for			d fourth or fifth ta			
.0	organization, check this box and stor				•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		14	72.95 %
15	Public support percentage from 2016					15	82.22 %
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies as a publicly supported organization						
b	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990 or 990-EZ) 2017

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

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

Se	ction A. Public Support		,				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1	1	<u></u>	•	•
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	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						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	<u> </u>	<u> </u>	1.6		504(.)(2)	<u> </u>
14	First five years. If the Form 990 is for	_			•		
80	check this box and stop here ction C. Computation of Publ						<u></u>
	Public support percentage for 2017 (I			column (f))		15	%
	Public support percentage from 2016					16	
	ction D. Computation of Inves					1 10 1	70
	Investment income percentage for 20					17	%
	Investment income percentage from 2			(17)		18	%
	a 33 1/3% support tests - 2017. If the						
	more than 33 1/3%, check this box a						
ł	33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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 (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or more supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations 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					
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	J	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All				
	other Type III non-functionally integrated supporting organizations must co	omplete S	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):				
a	Average monthly value of securities	1a			
	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			
e	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 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-functiona	lly integra	ated Type III supporting ord	ganization (see	
	instructions)				

Schedule A (Form 990 or 990-EZ) 2017

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)				
Secti	ion D - Distributions	Current Year					
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	Administrative expenses paid to accomplish exempt purposes of supported organizations					
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	e				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2017 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017			
1	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reason-						
	able cause required- explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2017						
а							
b	From 2013						
С	From 2014						
d	From 2015						
е	From 2016						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2017 distributable amount						
i	Carryover from 2012 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2017 from Section D,						
	line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2017 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2017, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2017. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2018. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2013						
b	Excess from 2014						
С	Excess from 2015						
d	Excess from 2016						
е	Excess from 2017						

Schedule A (Form 990 or 990-EZ) 2017

Part VI Supplemental Information. Provide the explanations required by Part II, line 10: Part III, line 17a or 17b: Part III, line 12:
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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2014 AMOUNT: \$ 453.
2015 AMOUNT: \$ 1,287.
GAIN ON FOREIGN CURRENCY EXCHANGE
2016 AMOUNT: \$ 1,120.
MERCHANDISE SALE
2016 AMOUNT: \$ 164.
2017 AMOUNT: \$ 73.

Schedule B (Form 990, 990-F7. or 990-PF)

Department of the Treasury

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Internal Revenue Service

Employer identification number

KOMERA, INC. 27-1581674 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______
\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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 certify that it doesn't meet 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) (2017)

Name of organization Employer identification number 27-1581674

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1		\$\$\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
2		\$15,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
3		\$15,250.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
4	Name, address, and Zir + +	\$ 21,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
5		s25,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
6		\$\$	Person X Payroll	

Name of organization Employer identification number 27-1581674

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$45,000.	Person X Payroll		
(a)	(b)	(c) Total contributions	(d) Type of contribution		
No. 8	Name, address, and ZIP + 4	\$ 210,642.	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		
9		_ \$13,165. _	Person X Payroll		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Total contributions - \$	Person Payroll Complete Part II for noncash contributions.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1101	Trumo, addi 000, dila Eli TT	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
NO.	Name, auuress, anu zir + 4	- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

KOMERA, INC.

27-1581674

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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		
		_			
		<u> </u>			
(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>			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received		
		_			
		 \$			
3453 11-01-	-17		990, 990-EZ, or 990-PF) (20		

Name of organization Employer identification number 27-1581674 KOMERA, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KOMERA, INC.

Employer identification number 27-1581674

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	ne 6.				
		(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of					
	impermissible private benefit?		Yes No			
Pai						
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).				
	Preservation of land for public use (e.g., recreation or e		orically important land area			
	Protection of natural habitat	Preservation of a cert	ified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	of a conservation 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 str					
d	Number of conservation easements included in (c) acquired					
	listed in the National Register					
3	Number of conservation easements modified, transferred, re					
	year▶					
4	Number of states where property subject to conservation ea	sement is located >				
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements in		Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting,					
	>					
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservati					
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for			
	conservation easements.					
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther Similar Assets.			
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stater	ment and balance sheet works of art,			
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII,					
	the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	blic service, provide the following amounts			
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		> \$			
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre					
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		> \$			
h	Assets included in Form 990, Part X		▶ \$			

732051 10-09-17

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

Schedule D (Form 990) 2017

Pai	rt III Organizations Maintaining Co	ollections of Ar	t, Histo	rical Tr	easures, o	or Othe	er Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accession	n, and other record	s, check	any of the	following tha	at are a s	ignificant	use of its	collection	n item	IS
	(check all that apply):										
а	Public exhibition	d		oan or exc	hange progra	ams					
b	Scholarly research	е	□ o	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how the	y further t	he organizati	on's exe	mpt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma								Yes		No
Pai	art IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Part X, line 21.										
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included										
	on Form 990, Part X?							<u></u>	Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount	:	
С	Beginning balance						. 1c				
	Additions during the year										
е	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.						•				
	rt V Endowment Funds. Complete if										
	'	(a) Current year		or year	(c) Two year			years back	(e) Four	years	back
1a	Beginning of year balance	, ,							, ,		
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
g g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end halanc	e (line 1a	column (:	a)) held as:				1		
a	Board designated or quasi-endowment	ont year end balane	%	, column (e	ajj ricia as.						
b	Permanent endowment	%									
	Temporarily restricted endowment										
·	The percentages on lines 2a, 2b, and 2c shou										
22	Are there endowment funds not in the posses		ation that	are hold a	and administs	arod for t	ho organi	zation			
Sa		SSION OF THE Organiza	alion mai	are rielu a	ina auminisie	erea ioi t	ne organi	Zation	Г	Yes	No
	by: (i) unrelated organizations								3a(i)	163	NO
									· - · · ·		_
h	(ii) related organizations If "Yes" on line 3a(ii), are the related organizations	ione lieted as requir	ed on Sc	hadula R2					3b		
4	Describe in Part XIII the intended uses of the								. 00		
Pai	rt VI Land, Buildings, and Equipme		WITIOTIC TO	indo.							
	Complete if the organization answered). Part IV.	line 11a. S	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or of			or other		ccumulat	ed	(d) Bool	k valu	<u>——</u>
		basis (investn			(other)		preciation		(-,		_
1a	Land	.									
b	Buildings										
С	Leasehold improvements				2,025.					2,0	25.
d	Equipment			2	8,940.		11,0	66.		7,8	
е	Other										
	I. Add lines 1a through 1e. (Column (d) must eq		X, columi	n (B), line 1	10c.)			▶	19	9,8	99.

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 ROMERA, INC.			27-1301074 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-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.	5 000 B . W.		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, I (b) Book value	(c) Method of valuation: Cost of	or and of year market value
	(b) BOOK Value	(c) Method of Valuation. Cost of	or end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990 Part IV I	ine 11d See Form 990 Part X line 15	
	escription	110 11d. 300 1 3111 300, 1 dit X, iii 10 10.	(b) Book value
(1)			(,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15)		•
Part X Other Liabilities.			
Complete if the organization answered "Yes" of	on Form 990. Part IV. I	ine 11e or 11f. See Form 990. Part X. li	ne 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide		e to the organization's financial statem	ents that reports the
,, provide			

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017 INC.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

KOI	MERA, INC.				27-15816	74				
Pa	rt I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organization answered "	Yes" on				
	Form 990, Part I\									
1	For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gra	ants and other assistance,					
	the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 🔲 Yes 🛛 🗓 No									
2		ribe in Part V the	organization's	procedures for monitoring the use of it	s grants and other assistance out	tside the				
United States.										
3				an be duplicated if additional space is		1				
	(a) Region	(b) Number of offices	`employees	1	1	(f) Total expenditures				
		in the region	agents, and	(by type) (such as, fundraising, program services, investments, grants to	is a program service, describe specific type	for and				
		in the region	contractors	recipients located in the region)	of service(s) in the region	investments				
			in the region	1	, , , , , , , , , , , , , , , , , , ,	in the region				
					KOMERA OPERATES IN A					
					FOREIGN FIELD OFFICE IN					
CIID	-SAHARAN AFRICA		10	DDOCDAM CEDUTCEC	RWANDA WHERE THEY	250 040				
508-	-SAHARAN AFRICA	1	10	PROGRAM SERVICES	SUPPORT THE LOCAL	258,840.				
	0.1.1.1	1	10			250.040				
	Sub-total	<u> </u>	10			258,840.				
b	Total from continuation	0	_							
_	sheets to Part I	- ·	0			0.				
С	Totals (add lines 3a	_	10			258,840.				
1 1 1 1 1	and 3b)	ion Act Notice		tions for Form 900	Cohedula F	(Form 990) 2017				

732071 10-06-17

Schedule i (i oriii 930) 20 i

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2017 KOMERA, INC. 27-1581674 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)	
			recognized as charities by the					I	
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

KOMERA, INC.

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.

Part III can be duplicated if a	auditional space is neede T				100	1 (15)	
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS, SCHOOL						SECONDARY ASSISTANCE	11 , .,
SUPPLIES, PERSONAL MATERIALS,						INCLUDES	
TRANSPORTATION, MEDICAL	SUB-SAHARAN					SCHOOL SUPPLIES,	
NEEDS, AND MEALS	AFRICA	149	31,259.	WIRE	88,873.	PERSONAL MATERIALS,	COST
					+		
						Sched	dule F (Form 990) 201

Schedule F (Form 990) 2017 Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Part V | Supplemental Information

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE RWANDA TEAM SENDS DETAILED FINANCIAL REPORTS MONTHLY THAT ARE
RECONCILED AGAINST RWANDAN BANK STATEMENTS. THE EXECUTIVE DIRECTOR VISITS
AT LEAST TWICE A YEAR TO MONITOR PROGRAMMING IN PERSON.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: KOMERA OPERATES IN A FOREIGN
FIELD OFFICE IN RWANDA WHERE THEY SUPPORT THE LOCAL COMMUNITY.
PART III, COLUMN (G):
REGION: SUB-SAHARAN AFRICA
(G) DESCRIPTION OF NON-CASH ASSISTANCE: SECONDARY ASSISTANCE INCLUDES
SCHOOL SUPPLIES, PERSONAL MATERIALS, TRANSPORTATION TO AND FROM SCHOOL,
MEDICAL NEEDS, AND MEALS. POST-SECONDARY ASSISTANCE INCLUDES RENT
ASSISTANCE, TRANSPORTATION AND MEAL STIPENDS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

lame of the organization KOMERA,	INC.					27-1581	ntification number
	Complete if the organization answer	ered "Y	es" oı	n Form 990, Part IV,	line 17	7. Form 990-EZ	I filers are not
Indicate whether the organization rais	sed funds through any of the following e Solicitars f Solicitary Special Speci	tion of tion of fundra I (includer profess	non-g gover lising ding o ional f	overnment grants nment grants events fficers, directors, tru fundraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
_							
or licensing.	on is registered or licensed to solicit		utions	 s or has been notified	d it is	exempt from re	egistration
HA For Paperwork Reduction Act Not	tice see the Instructions for Form	990 or	990-1	F7 (Sched	lule G (Form 9	90 or 990-EZ) 2017

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

		of fundraising event contributions and gro				ots greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
				KOMERA		(add col. (a) through			
			RUN THE WORL	COCKTAIL	2	col. (c))			
<u>e</u>			(event type)	(event type)	(total number)	35(5)/			
Revenue		Out and a second	77,990.	18,452.	45,256.	141,698.			
Re	1	Gross receipts	77,330.	10,452.	43,230.	141,090.			
	2	Less: Contributions	57,596.	15,176.	37,560.	110,332.			
	3	Gross income (line 1 minus line 2)	20,394.	3,276.	7,696.	31,366.			
	4	Cash prizes							
(O	5	Noncash prizes	11,150.			11,150.			
Direct Expenses	6	Rent/facility costs	5,164.		300.	5,464.			
irect E>	7	Food and beverages	2,200.	2,783.	900.	5,883.			
	8	Entertainment	1,880.	493.	328.	2,701.			
	9	Other direct expenses	_,		6,168.				
	10		9 in column (d)		>	31,366.			
		Net income summary. Subtract line 10 from li				0.			
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than								
	\$15,000 on Form 990-EZ, line 6a.								
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue				billigo/progressive billige		coi. (a) through coi. (c)			
Re	1	Gross revenue							
	Ė	aross revenue							
S	2	Cash prizes							
nse									
xbe	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
		Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	from line 1. column (d)		•				
			, = = = = (5)						
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:						
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No			
b	If "	No," explain:							
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No			
b	If "	Yes," explain:							

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 KOMERA, INC. 27-	1581	674	Page 3
	Does the organization conduct gaming activities with nonmembers?	$\overline{}$	/es	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?		es	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility			%
	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?	🔲 ነ	es/	☐ No
-	b If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
(c If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	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?	└── ١	es/	└── No
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
_	organization's own exempt activities during the tax year 🕨 \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	lines 9, 9	9b, 10	b, 15b,

Schedule G (Form 990 or 990-EZ) KOMERA, INC.	27-1581674 Page 4
Schedule G (Form 990 or 990-EZ) KOMERA, INC. Part IV Supplemental Information (continued)	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

KOMERA, INC. **Employer identification number** 27-1581674

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPORT - THE ORGANIZATION IS UNIQUE BECAUSE OF ITS EMPHASIS ON EMPOWERMENT THROUGH SPORT. KOMERA PARTNERS WITH LOCAL PRIMARY STUDENTS (BOYS AND GIRLS) IN P5 TO TEACH THEM ABOUT HEALTH, THEIR RIGHTS AND HOW TO TREAT EVERYONE REGARDLESS OF THEIR GENDER WITH RESPECT THROUGH SOCCER. KOMERA ALSO WORKS WITH TEEN MOTHERS IN THE COMMUNITY ENGAGING THEM IN YOGA AND COMMUNITY SELF-HELP GROUPS. YOUNG WOMEN MEET ONCE A WEEK WITH A KOMERA TRAINED COMMUNITY BASED MENTOR WHO HELPS THEM ACHIEVE THEIR GOALS. KOMERA ALSO ENGAGES WITH THE BROADER COMMUNITY ON SPORT FOR CHANGE THROUGH RUNNING. ONCE A YEAR THE ORGANIZATION HOSTS A COMMUNITY FUN RUN WITH THE ENTIRE COMMUNITY. QUARTERLY, KOMERA STAFF HOSTS FUN RUNS AND GAMES WITH PARENTS OF THE PROGRAM TO ENGAGE IN POSITIVE COMMUNITY BEHAVIORS TOWARDS YOUNG WOMEN. EXPENSES \$ 17,917. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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 AND ANY STAFF MEMBER WITH SIGNIFICANT DECISION MAKING AUTHORITY ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ANNUALLY.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization KOMERA, INC.	Employer identification number 27-1581674
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINAN	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC, UPON REQUEST, AND THE FORM 990	IS AVAILABLE ON THE
WEBSITE GUIDESTAR.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN EXCHANGE LOSS	-13,982.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

WEB SITE ADDRESS: www.ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Section 12586 and 12587, California Government Code 11 Cal. Code Regs. section 301-307, 311 and 312

Failure to submit this report annually no later than the 15th day of the 5th month after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 0210675 Check if:								
			Change of address					
KOMERA, INC. Name of Organization	Amended report							
PO BOX 1491 Address (Number and Street)		Corporate	or Organization No.					
JAMAICA PLAIN, MA 021 City or Town, State and ZIP Code	30	Federal En	nployer I.D. No. 27-1581674					
	RENEWAL FEE SCHEDULE (11 Cal. neck Payable to Attorney General's F							
Gross Receipts Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	<u>e</u>			
Less than \$25,000 0 Between \$100,001 and \$250,000 \$50 Between \$1,000,001 and \$10 million Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$1,000,001 and \$50 million Greater than \$50 million				\$15 \$22 \$30	25			
PART A - ACTIVITIES								
For your most recent full accountin Gross annual revenue \$	period (beginning $07/01/20$ 646 , 500 \bullet Total assets \$_		ing 06/30/2018) list: 560,489.					
PART B - STATEMENTS REGARDING OR	GANIZATION DURING THE PERIOD	OF THIS RE	PORT					
Note: If you answer "yes" to any of the of the services "yes" response. Please review RR	uestions below, you must attach a s F-1 instructions for information requ		ge providing an explanation and details f	or ead	ch			
During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization			Yes	No				
and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?					х			
During this reporting period, were there or funds?	any theft, embezzlement, diversion or	misuse of t	he organization's charitable property		х			
3. During this reporting period, did non-pr	ogram expenditures exceed 50% of gr	oss revenue	9?		Х			
4. During this reporting period, were any with the Internal Revenue Service, atta	. , , , .	nalty, fine or	judgment? If you filed a Form 4720		Х			
5. During this reporting period, were the s If "yes," provide an attachment listing to		_	• •		х			
During this reporting period, did the organized name of the agency, mailing address, or			, provide an attachment listing the		х			
 During this reporting period, did the org the number of raffles and the date(s) the 	•	urposes? If "	yes," provide an attachment indicating		х			
Does the organization conduct a vehic operated by the charity or whether the					х			
9. Did your organization have prepared a principles for this reporting period?		ance with go	enerally accepted accounting		х			
Organization's area code and telephone number	646-465-2315							
Organization's e-mail address INFO@KOM	ERA.ORG							
I declare under penalty of perjury that I have ex is true, correct and complete.	mined this report, including accompanying	ng documents	s, and to the best of my knowledge and belief, t	he con	itent			
	RGARET BUTLER		XECUTIVE DIRECTOR					
Signature of authorized officer Pr	inted Name	Tit	tle Date					

729291 12-27-17 RRF-1 (08/2017)

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Form 4720 (individual) 03 Form 4720 (other than individual) 05 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 AL I SON ANDERSON • The books are in the care of ▶ 511 DRUID LANE - CHATTANOOGA, TN 37405 Telephone No. ▶ 202-670-2545 Fax No. ▶		
File by the due date for filing your return. See instructions. Number, street, and room or suite no. If a P.O. box, see instructions.		
KOMERA INC 27-1581674	۷) or	
File by the due date for filing your return. See instructions. PO BOX 1491 City, town or post office, state, and ZIP code. For a foreign address, see instructions. JAMAICA PLAIN, MA 02130 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Social security number (SSN) City, town or post office, state, and ZIP code. For a foreign address, see instructions. JAMAICA PLAIN, MA 02130 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Social security number (SSN) O Telephone No. ▶ 202-670-2545 Social security number (SSN) Social security number (SSN) For a foreign address, see instructions. JAMAICA PLAIN, MA 02130 Social security number (SSN) Social security number (SSN) For a special security number (SSN)		
Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 1491		
return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. JAMAICA PLAIN, MA 02130 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Set Is For Code Is For Code Is For Code Is For Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) ALISON ANDERSON The books are in the care of ► 511 DRUID LANE − CHATTANOOGA, TN 37405 Telephone No. ► 202-670-2545 Fax No. ►		
JAMATCA PLAIN, MA 02130		
Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Code Form 990 or Form 990-EZ Form 990-BL Form 4720 (individual) Form 990-PF Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) ALISON ANDERSON ALISON ANDERSON ALISON ANDERSON ALISON ANDERSON Fax No. ▶ 202-670-2545 Fax No. ▶		
Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 05 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALISON ANDERSON 12 ALISON ANDERSON 12 The books are in the care of ► 511 DRUID LANE - CHATTANOOGA, TN 37405 TR N 0. ►	1	
Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 05 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALISON ANDERSON 12 ALISON ANDERSON 12 The books are in the care of ▶ 511 DRUID LANE - CHATTANOOGA, TN 37405 Tax No. ▶	urn	
Form 990·BL 02 Form 1041·A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990·PF 04 Form 5227 10 Form 990·T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990·T (trust other than above) 06 Form 8870 12 ALISON ANDERSON • The books are in the care of ▶ 511 DRUID LANE - CHATTANOOGA, TN 37405 Telephone No. ▶ 202-670-2545 Fax No. ▶	de	
Form 4720 (individual) 03 Form 4720 (other than individual) 05 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 AL I SON ANDERSON • The books are in the care of ▶ 511 DRUID LANE - CHATTANOOGA, TN 37405 Telephone No. ▶ 202-670-2545 Fax No. ▶	7	
Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 ALISON ANDERSON • The books are in the care of ▶ 511 DRUID LANE - CHATTANOOGA, TN 37405 Telephone No. ▶ 202-670-2545 Fax No. ▶	08	
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) ALISON ANDERSON The books are in the care of ▶ 511 DRUID LANE - CHATTANOOGA, TN 37405 Telephone No. ▶ 202-670-2545 Form 6069 12 ALISON ANDERSON Fax No. ▶)	
Form 990-T (trust other than above) 06 Form 8870 12 ALISON ANDERSON • The books are in the care of \blacktriangleright 511 DRUID LANE - CHATTANOOGA, TN 37405 Telephone No. \blacktriangleright 202-670-2545 Fax No. \blacktriangleright)	
ALISON ANDERSON • The books are in the care of ▶ 511 DRUID LANE - CHATTANOOGA, TN 37405 Telephone No. ▶ 202-670-2545 Fax No. ▶	1	
• The books are in the care of ▶ 511 DRUID LANE - CHATTANOOGA, TN 37405 Telephone No. ▶ 202-670-2545 Fax No. ▶	2	
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. 	this	
1 I request an automatic 6-month extension of time untilMAY 15, 2019, to file the exempt organization return for the organization named above. The extension is for the organization's return for:		
calendar year or X tax year beginning JUL 1, 2017 , and ending JUN 30, 2018 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period		
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
nonrefundable credits. See instructions. 3a \$	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	•	
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$	0.	
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,	^	
by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ Courting: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453 FO and Form 8870 FO for payor	0.	

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

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

Form 8868 (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0045

990

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

OMB No. 1545-0047

A F	or the	2017 calendar year, or tax year beginning $\mathrm{JUL}1$, 2017	ending J	<u>UN 30, 2018</u>				
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number			
	Addres change	s KOMERA, INC.						
	Name change	Doing business as			581674			
	Initial return		Room/suite	E Telephone numbe				
	Final return/ termin-	PO BOX 1491			465-2315			
_	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	677,866.			
	_lreturn	DAMAICA FLAIN, MA UZIJU		H(a) Is this a group r				
	Applica tion pending	F Name and address of principal officer:MARGARET BUTLER SAME AS C ABOVE			? Yes X No			
			r 527	H(b) Are all subordinates i				
		mpt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) ole: ► WWW • KOMERA • ORG	1 321	1	list. (see instructions)			
		organization: X Corporation Trust Association Other	I Vear	H(c) Group exemption 2009	M State of legal domicile: NY			
		Summary	L Teal (or formation. 2005 r	VI State of legal dofficile. 14 1			
		Briefly describe the organization's mission or most significant activities: KOMER	RA DEV	ELOPS SELF-	CONFIDENT			
Activities & Governance		YOUNG WOMEN THROUGH EDUCATION, COMMUNITY,	AND	SPORT.				
rna	_							
ove		Number of voting members of the governing body (Part VI, line 1a)			9			
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			8			
es {		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			2			
viti	6 7	Fotal number of volunteers (estimate if necessary)		6	88			
Acti	7a ⊺	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	73.			
_	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.			
				Prior Year	Current Year			
ne		Contributions and grants (Part VIII, line 1h)		428,643.	646,396.			
Revenue		Program service revenue (Part VIII, line 2g)		0. 18.	0. 31.			
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,284.	73.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		429,945.	646,500.			
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,608.	120,132.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
G		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		183,127.	221,112.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		1,600.	0.			
per		Fotal fundraising expenses (Part IX, column (D), line 25) 60, 23	31.	,	_			
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,602.	128,738.			
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		389,937.				
		Revenue less expenses. Subtract line 18 from line 12		40,008.	176,518.			
let Assets or und Balances			Be	ginning of Current Year	End of Year			
sets	20 7	Fotal assets (Part X, line 16)		391,294.	560,489.			
at As		Total liabilities (Part X, line 26)		4,094.	10,753.			
-正		Net assets or fund balances. Subtract line 21 from line 20		387,200.	549,736.			
	rt II	Signature Block						
		ties of perjury, I declare that I have examined this return, including accompanying schedules , and complete. Declaration of preparer (other than officer) is based on all information of whi			y knowledge and belief, it is			
uue,	COLLECT	, and complete. Deciaration of preparer (other than officer) is based on all illiornation of will	icii preparei	lias any knowledge.				
Ciar	.	Signature of officer		I Date				
Sigr Here		MARGARET BUTLER, EXECUTIVE DIRECTOR						
Here		Type or print name and title						
		Print/Type preparer's name Preparer's signature	D	Date Check	PTIN			
Paid		JOLANTA TUCK, CPA JOLANTA TUCK, CF	PA 0	4/17/19 if self-employ	P01340068			
Prep	-	Firm's name KEVIN P MARTIN ASSOCIATES, P.C.	1-	Firm's EIN	04-3097400			
Use	-	Firm's address 10 FORBES WEST						
		BRAINTREE, MA 02184		Phone no. (7	81)380-3520			
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: KOMERA DEVELOPS SELF-CONFIDENT YOUNG WOMEN THROUGH EDUCATION,
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 206, 456 • including grants of \$ 120, 132 •) (Revenue \$
	EDUCATION - THE ORGANIZATION SPONSORS SCHOLARS WITH FULL ROOM, BOARD
	AND TUITION AT A PUBLIC BOARDING SCHOOL IN RWANDA. DURING SCHOOL
	HOLIDAYS, SCHOLARS ATTEND CAMPS WHERE THEY RECEIVE TRAINING ON
	REPRODUCTIVE HEALTH, CAREER COUNSELING, LEADERSHIP DEVELOPMENT AND HOW
	TO BE LEADERS WITHIN THEIR COMMUNITIES. ONCE STUDENTS FINISH SCHOOL
	THEY ATTEND THE POST-SECONDARY TRANSITION PROGRAM (PSTP). THE PSTP
	TRAINS THEM IN ENGLISH, ICT, SMALL BUSINESS DEVELOPMENT AND HELPS THEM
	APPLY TO UNIVERSITY. THE ORGANIZATION ALSO SUPPORTS THE UNIVERSITY EDUCATION OF SELECT SCHOLARS.
	EDUCATION OF SELECT SCHOLARS.
4b	(Code:) (Expenses \$ 37,211 • including grants of \$) (Revenue \$
	AMPLIFY - IN 2017, THE USA LEADERSHIP OF KOMERA LAUNCHED A SISTER
	INITIATIVE CALLED AMPLIFY. AMPLIFY IS A COLLECTIVE OF ORGANIZATIONS
	WORKING IN COMMUNITIES IN EASTERN AFRICA TO BUILD FEMALE LEADERS BY
	SCALING IDEAS AND BEST PRACTICES THROUGH COLLABORATION. THROUGH
	COLLECTIVE METRICS, THE ORGANIZATION WILL PROVE THAT LOCALLY BASED
	ORGANIZATIONS ARE DELIVERING VALUE FOR GIRLS AND AMPLIFY WILL PROVIDE A
	PLATFORM FOR GLOBAL ENGAGEMENT.
4c	(Code:) (Expenses \$ 96,750 • including grants of \$) (Revenue \$
	COMMUNITY DEVELOPMENT - THE ORGANIZATION BUILDS A LOCAL COMMUNITY OF
	SUPPORT FOR THE SCHOLARS. AT SCHOOL, A SCHOLAR MEETS WITH HER KOMERA
	MENTOR AND FELLOW SCHOLARS ONCE A WEEK. AT HOME, HER PARENTS WORK WITH
	THE KOMERA PARENT CO-OPERATIVE. THEY RECEIVE TRAINING ON HOW TO LAUNCH
	SMALL BUSINESSES TO HELP SUPPORT THEIR FAMILIES AND PROVIDE MODEST
	SCHOOL MATERIALS FOR THE SCHOLARS.
<u> </u>	Other program services (Describe in Schedule O.)
-1 u	(Expenses \$ 17,917 • including grants of \$) (Revenue \$)
4 -	Table an arrange companies arrange is a suppose at 17 5 2 7 4 including grants of \$ 7 7 8 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

27-1581674 Page **3**

Form 990 (2017) 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	X	
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		x
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		х
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		Х
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	х	
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		Х
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		v	
	Schedule D, Parts XI and XII	12a	Х	
D	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	and the control of th	174		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	المرا		v
	complete Schedule G, Part III	19		X

27-1581674 Page 4

Form 990 (2017) KOMERA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20 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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			۱
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	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,			l
	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			۱
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			.,
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		7.7	1
	Note. All Form 990 filers are required to complete Schedule O	38	X	

27-1581674

Form 990 (2017) KOMERA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comment Seco		Check if Schedule O contains a response or note to any line in this Part V				Ш
b Enter the number of Forms W-2G included in line 1a. Enter of Find applicable. Did the organization congly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Einer the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. The find for the calendar year entiting with or within they are covered by the return. 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2d If we call the organization have unrelated business gross income of \$1,000 or more during the year? 2d If we call the organization have unrelated business gross income of \$1,000 or more during the year? 2d If we call the organization in a she account, secretive an explanation in Schedule O 3d If we call the organization have an interest in, or a signature or other authority over, a financial account's (FBAR). Early time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account's (FBAR). Early time of the organization and party to a prohibited tax shefter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5d We b Did any textile party notify the organization file from 888.7 6d Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity any organization file from 888.7 6d Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicity and the secondary of			1 2		Yes	No
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming generalized for the calendar year ending with or within the year covered by this return 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8 If all least one is reported on line 28, did the organization file all required federal employment ex returns? 2 If If all least one is reported on line 28, did the organization file all required federal employment ex returns? 8 If all least one is reported on line 28, did the organization file all required federal employment ex returns? 8 If If If I was it filed a Form 980-T for this year? If 1%, 1 file 81, provide an explanation in Schedule O 8 If I was, 1 filed a Form 980-T for this year? If 1%, 1 file 81, provide an explanation in Schedule O 8 If I was, 1 filed a Form 980-T for this year? If 1%, 1 file 81, provide an explanation in Schedule O 8 If I was, 1 filed a Form 980-T for this year? If 1%, 1 file 81, provide an explanation in Schedule O 8 If I was, 1 filed a Form 980-T for this year? If 1%, 1 file 81, provide an explanation in Schedule O 9 If I was, 1 file 81 file 81, provide an explanation in I was on its party to a prohibeted tax sheller transaction? 5 If I was, 1 file 9 file	1a					
gambling) winnings to prize winners? 8 Effect the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 10 If all tases on is reported on line 2a, did the organization life all required federal employment tax returns? 2 In If all tases on it is protected on line 2a, did the organization life all required federal employment tax returns? 3 In Old the organization have unrelated business gross income of \$1,000 or more during the year? 3 In If "Yes," has it fled a Form 990-Tr for this year "I" No," to fine 80, provide an explanation in Schedule 0 3 In If "Yes," and it fled a Form 990-Tr for this year "I" No," to fine 80, provide an explanation in Schedule 0 3 In If "Yes," enter the name of the foreign country [w.l. has a bank account, securities account, or other financial accounts? 4 In It was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," enter the name of the foreign country [w.l. has a bank account, securities account, or other financial accounts (FBAR). 5 If "Yes," enter the name of the foreign country [w.l. has a bank account, securities account, or other financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a bank account, securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a bank account, securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a bank account, securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a securities and financial accounts (FBAR). 6 In If "Yes," enter the anomal part (w.l. has a security for part (w.l. has a country financial accounts (w.l. has a country financial accounts (w.l. ha			ib °			
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, for the calendary are anding with or within the year covered by this resturant. By If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Note that of the year? If "No," to line 3b, provide an explanation in Schedule O By If "Yes," that it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O By If "Yes," that it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O By If "Yes," that it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O By If "Yes," that it is a foreign country, year, and the second of the companies of the filed of the year? If year, and the provided in the provided in the provided in the provided in the year? By If "Yes," that the name of the foreign country, P. RWANDA By If "Yes," the line 5a or 5b, did the organization file Form 888-T7 By If "Yes," the line 5a or 5b, did the organization file Form 888-T7 By If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? By If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? By If "Yes," did the organization notity the donor of the value of the goods or services provided? By If Yes," did the organization notity the donor of the value of the goods or services provided? By If If Yes, "Indicate the number of Forms \$382 field during the year Cold the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? By If the organization received a contribution o	С				v	
tiled for the calendary year ending with or within the year covered by this return. 1	_		I	1c	Λ	
b If a least one is reported on line 2a, did the organization flie all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A tan yit me during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a X b If Yes, "the intert the name of the foreign country ** RWANDD. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6d Does the organization neal variety and the foreign state of the foreign to a prohibited tax shelter transaction? 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d Did the organization neceive apyment in excess of 35 made parity as a contribution of the such of the property for which it was required to life Form 8282? 8d If Yes, "Idea the organization neceive apyment in excess of 35 made parity as a contribution of the value of the goods or services provided? 7d If Yes, "Indicate the number of Forms 8282 filed during the year of the value of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d	2a	· · · · · · · · · · · · · · · · · · ·	2			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross across more of \$1,000 more during the year? 3b If Yees,* list filled a Form 990 1 for this year? If Yeo,* to fire \$50, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► RWANIDA 5b If Yees,* enter the name of the foreign country. ► RWANIDA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yees,* or line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5b X 5c If Yees,* or line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibile as charitable contributions? 6c Organizations that may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). b If Yees,* indicate the number of Forms 8282 filed during the year 7c Draw If Yees,* indicate the number of Forms 8282 filed during the year 8d If Yees,* indicate the number of Forms 8282 filed during the year 9 Did the organization neceived an contribution of caris, boats, singhible personal benefit contract? 7c X 7d Did the organization received an contribution of caris, boats, singhible, so previously for which it was required to tile Form 8282? 9 Did the sponarization, device the contribution of caris, boats, singhible, so the organization file Form 8289 as required?, In If the organizat		·			v	
3a X M M M M M M M M M	D			20	Λ	
b if "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of "Yes," enter the name of the foreign country. ► RWANIDA See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes," to line Sa or 5b, did the organization the Form 89861? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as chariable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If "Yes," indicate the number of Forms 8386 filed during the year and the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 8889 as required? 7 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Te X 7 Te X 7 Te Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Te Did the organization newer and contribution of cars, boats, anjaches, or other vehicles, did the organization file a Form 1098-0? 8 Sponsoring organization have excess business	2-			0-		y
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;? b If "Yes," enter the name of the foreign country; \(\) \\ \ \ \						- 25
transcial account in a foreign country (such as a bank account, securities account, or other financial account)? b (if "Yes," enter the name of the foreign country:		·		SD		
b If "Yes," enter the name of the foreign country: ▶ RWANDA Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions of him and the programment of the short short in the same short in th	-t a					
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If Yes," did the organization notify the donor of the value of the goods or services provided? 7 Th X 7 If If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Th If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If If the organization have excess business holdings at any time during the year? 8 Sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501((r)17 organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 1 Section 501((r)17 organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 1 Section 501((r)12) organizations. Enter: a Initiati	h					
Sa X D Did any taxable party not in prohibited tax shelter transaction at any time during the tax year? 5a X D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If Yes,* 10 line 5a or 5b, did the organization file Form 8886-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 7 D X X 7 D IV Yes,* Indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 8 Sponsoring organization in eceived a contribution of qualified intellectual property, did the organization file Form 1098-C? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions or advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 D Id the sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: 9 In Yes,* enter the amount of tax-exempt interest received or accrued during the year 10 Gross recome from members or shareholders 11 D B Order secrepts, included on Form 90, Part VIII, line 12 D B Order secrepts, included		' 	ccounts (FRAR)			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ao r 5b, did the organization file Form 8886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apparent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Dif "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 Sponsoring organizations maintaining donor advised funds. 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Sponsoring organization make any taxable distributions under section 4966? 16 Gross income from members or shareholders 17 Did the sponsoring organization make any taxable distributions under section 4966? 18 Section 501(c)(12) organizations. Enter: 19 Did the sponsoring organization make any taxable distributions under section 4966? 19 Section 501(c)(12) organizations. Enter: 20 In the sponsoring organization make any taxable distributions under section 4966? 21 Section 501(c)(12) organizations. Enter: 22 In the organization organiza	5a			5a		х
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 1 If "Yes," did the organization notify the donor of the value of the goods or services provided? 2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 4 If "Yes," did cate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If X If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maximatining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Gross receipts, included on Form 990, Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(2) organizations. Enter: a Gross income from others sources the organization in sequined to make any taxable distribution to a donor, d						
6a						
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b ff "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d ff "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 ft Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 ft Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 ff the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. 9 Sponsoring organization make and stributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make and stribution to a donor, donor advisor, or related person? 9 Sponsoring organization make and part vill, line 12. 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(72) organizations. Enter: 12 Gross income from members or shareholders 11 Section 501(c)(72) organizations because the members or shareholders 12 Section 501(c)(72) organizations because the summan of the expert of the summan of the summan of the expert of the summan of the organization is required to other sources against amounts due or received from them) 1	_					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 1 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations included on Part VIII, line 12 10 Did the sponsoring organizations included on Part VIII, line 12 10 Did the sponsoring organization included on Part VIII, line 12 10 Did the organization included on Form 990, Part				6a		Х
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To X 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 4 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 5 Did the organization and the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 6 Gross income from other sources (Do not the amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a Is the organization licensed to issue qualified health plans in more than one state? Note. S	b					
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To X 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 4 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 5 Did the organization and the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 6 Gross income from other sources (Do not the amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a Is the organization licensed to issue qualified health plans in more than one state? Note. S		were not tax deductible?		6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	7					
to file Form 8282? 7c	а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ goods \ good$	vices provided to the payor?	7a		
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7th X g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7th X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any time during the year? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a linitiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from them. Jone expending the vear 11 Did 12 Section 501(c)(29) qualified health plans in more than one state? Note, 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 organization is licensed to issue qualified health plans in more than one state? Note, See the instructions f	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization function of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders a Gross income from members or shareholders b Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of reserves the organization 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 organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organizat	С		•			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12			ı	7с		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 In It	d					.,
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	е					
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.						
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? But the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Did Gross income from members or shareholders. Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). Did Heys, "enter the amount of tax-exempt interest received or accrued during the year 12b Did Heys," enter the amount of tax-exempt interest received or accrued during the year 12b Did Heys, "enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Did Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Did Heys," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did Heys," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.						
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c Lib If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b 14b	_			/n		
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8					
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b 14c 14d 14b 15c 16c 17d 18d 18d 18d 18d 18d 18d 18d	0			•		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. I Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Pid the agree with a constitution made and the state of t		02		
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h					
a Initiation fees and capital contributions included on Part VIII, line 12	10			0.5		
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: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12b 1f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12b 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 1s the organization licensed to issue qualified health plans in more than one state? 13a 13a 13b 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b 14b 14b 15c		· · · · · ·	10a			
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		·	1			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	````	11a			
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b					
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b			
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Tac In the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а			13a		
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b						
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b	Enter the amount of reserves the organization is required to maintain by the states in which the				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			I	4.0		v
	b	if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eu		990	(2017)

KOMERA, INC. 27-1581674 Form 990 (2017)

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			
	and the design and the magernant		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			110
	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 1b			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	۳		
	more members of the governing body?	7a		Х
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		Х
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		Х
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
	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	X	
	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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	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			
	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA , NY , CA			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ALISON ANDERSON - 202-670-2545			
	511 DRUID LANE, CHATTANOOGA, TN 37405			

Form **990** (2017)

12190417 758606 15138000

Form 990 (2017) KOMERA, INC. 27-1581674 Page 7

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 week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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)	compensation from the organization and related organizations
(1) DAVID BOEHMER	5.00	. ,		٠,,					0	
BOARD CHAIRMAN	2.00	Х		Х				0.	0.	0
(2) JOHN HAGARTY	2.00	X		x				0.	0.	0
TREASURER (3) ALI SAMADI	2.00	^		^				0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
(4) ELIZABETH BOHART	2.00	122							0.	0
DIRECTOR	2,00	\mathbf{x}						0.	0.	0
(5) KRISTEN GENGARO	2.00	∺								
DIRECTOR		x						0.	0.	0
(6) LARKIN CALLAGHAN	2.00							-		
DIRECTOR		X						0.	0.	0
(7) VICTORIA REESE	2.00									
DIRECTOR		X						0.	0.	0
(8) JESSICA RIVERA	2.00									
DIRECTOR		Х						0.	0.	0
(9) MARGARET BUTLER	40.00								_	
EXECUTIVE DIRECTOR		Х		Х				59,553.	0.	6,396
		$\left\{ \right.$								
		_								
		_								
		-								
						<u> </u>		L		

27-1581674 Page 8 KOMERA, INC. Form 990 (2017)

Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	box	not c	Pos heck ss pe	more erson lirecto	than is bot or/trus	th an stee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from relate organization (W-2/1099-MI	table nsation elated rations c		(F) stimate mount other npensa rom the	of ition
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	organization organization		ion ed	
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							59,553. 0. 59,553.		0.		6,3	0.
Total number of individuals (including but compensation from the organization								eceived more than \$100),000 of reportab	ole		Yes	No
 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the 	such individual									 I	3		Х
and related organizations greater than \$1 5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co	accrue compe	nsat	ion 1	from	any	/ uni	elat		idual for services	3 	5		X
Complete this table for your five highest of the organization. Report compensation for the organization.										npens	ation	from	
(A) Name and busines	-		ON		VILII	OI W		(B) Description of s	(C)				
2 Total number of independent contractors \$100,000 of compensation from the orga		not li	mite	d to	tho	se li:	stec	d above) who received n	nore than				
w 100,000 or compensation from the orga	πεαιιστι					-							

Form **990** (2017)

12190417 758606 15138000

Page 9

27-1581674 KOMERA, INC. Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 110,332. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 536,064 similar amounts not included above 11,150. g Noncash contributions included in lines 1a-1f: \$ 646,396. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 31. 31. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c 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 c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 110,332. of contributions reported on line 1c). See 31,366. Part IV, line 18 a Other

(Net income or (loss) from fundraising events	<u></u>	0		
9 ;	a Gross income from gaming activities. See				
	Part IV, line 19 a				
ı	b Less: direct expenses b				
(Net income or (loss) from gaming activities	<u></u>			
10 a	Gross sales of inventory, less returns				
	and allowancesa				
ı	b Less: cost of goods sold b				
(Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
11 :	MERCHANDISE SALE	900099	73.	73.	
ı					
(
(All other revenue				
	Total. Add lines 11a-11d		73.		

31,366.

b Less: direct expenses **b**

Total revenue. See instructions.

73.

12190417 758606 15138000

646,500

27-1581674 Page **10**

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 120,132. 120,132. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 78,325 54,827. 7,833. 15,665. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,618. 102,228. 56,993. 22,617. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,093. 7,093. Other employee benefits 9 33,466. 27,973. 2,496. 2,997. Payroll taxes 10 Fees for services (non-employees): 11 a Management 1,687. 1,687. Legal 8,875. 8,875. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 4,823. 4,695 128 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13,288. 5,816. 2,879. 4,593. Office expenses 13 4,619. 4,619. 14 Information technology 15 Royalties 10,733. 3,790. 17,406. 2,883. 16 Occupancy 22,520. 17,325. 928. 4,267. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 5,390. 286. 5,676. Depreciation, depletion, and amortization 22 3,014. 1,174. 1,840. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROGRAM SUPPLIES & SUPP 42,344. 38,984. 500. 2,860. С 893. 152. 3,441. 4,486. All other expenses 469,982. 358,334. 51,417. 60,231. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

KOMERA, INC. 27-1581674 Page 11

Form 990 (2017)
Part X Balance Sheet

Part	: X	Balance Sheet					
		Check if Schedule O contains a response or not	te to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			270,948.	1	280,945.
	2	Savings and temporary cash investments			61,747.	2	61,777.
	3	Pledges and grants receivable, net			34,500.	3	191,538.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated er	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
tz		employees' beneficiary organizations (see instr)	. Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
₹	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,539.	9	6,330.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	30,965.			
	b	Less: accumulated depreciation	10b	11,066.	21,560.	10c	19,899.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			391,294.	16	560,489.
	17	Accounts payable and accrued expenses			4,094.	17	10,753.
	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	
8 E	22	Loans and other payables to current and former	r office	s, directors, trustees,			
≝		key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
- :	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
:	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
:	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
		Schedule D		_	4 004	25	40 550
;	26	Total liabilities. Add lines 17 through 25			4,094.	26	10,753.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
Ses		complete lines 27 through 29, and lines 33 ar			244 005		24.0 254
Fund Balances	27	Unrestricted net assets			344,027.	27	318,351.
Bal	28	Temporarily restricted net assets			43,173.	28	231,385.
<u>ا</u> م	29					29	
		Organizations that do not follow SFAS 117 (A	SC 95	B), check here ▶ ☐ ☐			
ğ		and complete lines 30 through 34.					
ı w	30	Capital stock or trust principal, or current funds				30	
¥§ ∣	31	Paid-in or capital surplus, or land, building, or ed				31	
; وَ	32	Retained earnings, endowment, accumulated in		 	207 000	32	F40 F06
- 1	33	Total net assets or fund balances	387,200.	33	549,736.		
;	34	Total liabilities and net assets/fund balances			391,294.	34	560,489.

27-1581674 Page **12** KOMERA, INC. Form 990 (2017)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			82.
3	Revenue less expenses. Subtract line 2 from line 1	3			18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	7 <u>,</u> 2	00.
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	-1	3,9	82.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	54	9,7	36.
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		X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X 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 the	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	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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 12, 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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. 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 listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.
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	004 045	242 440	200 000	100 610	646 206	
4	Total. Add lines 1 through 3	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.
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,						E 4 0 2 4 E
	column (f)						548,347.
	Public support. Subtract line 5 from line 4.						1,487,337.
	etion B. Total Support	() 0040	(1) 0044	/) 0045	(1) 0040	() 0047	(O.T.)
	ndar year (or fiscal year beginning in)	(a) 2013 234, 947.	(b) 2014 343,410.	(c) 2015 382, 288.	(d) 2016 428,643.	(e) 2017 646, 396.	(f) Total
	Amounts from line 4	234,947.	343,410.	302,200.	420,043.	040,390.	2,035,684.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	51.	34.	18.	18.	31.	152.
_	and income from similar sources	31.	24.	10.	10.	31.	134.
9	Net income from unrelated business						
	activities, whether or not the						
10	business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital						
	•		453.	1,287.	1,284.	73.	3,097.
11	assets (Explain in Part VI.)		1331	1/20/1	1/2010	, 5 0	2,038,933.
12	Gross receipts from related activities,	etc (see instruction	ons)			12	2,000,000,
13	First five years. If the Form 990 is for			d fourth or fifth ta			
.0	organization, check this box and stor				•		
Sec	ction C. Computation of Publ						
	Public support percentage for 2017 (column (f))		14	72.95 %
15	Public support percentage from 2016					15	82.22 %
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	· 			▶ X
b	33 1/3% support test - 2016. If the o						is box
	and stop here. The organization qual						>
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s 🕨 🔲

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Pub	olic Support	siow, picade com	piete i urt ii.j				
	cal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	. ,	` ` `	` ` `	<u> </u>	` '	``
. •	ees received. (Do not						
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity the	s from admissions, sold or services per- ilities furnished in at is related to the tax-exempt purpose						
-	from activities that						
•	elated trade or bus-						
	levied for the organ-						
	fit and either paid to						
•							
furnished by a	ervices or facilities governmental unit to						
	on without charge						
	es 1 through 5						
	nded on lines 1, 2, and maisqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
	rt. (Subtract line 7c from line 6.)						
Section B. Tota	al Support						
Calendar year (or fise	cal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income dividends, pay securities loan	from interest, rments received on s, rents, royalties, om similar sources						
b Unrelated busine	ess taxable income						
(less section 51 acquired after Ju	1 taxes) from businesses une 30, 1975						
11 Net income fro activities not in whether or not	and 10bom unrelated business ncluded in line 10b, the business is						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
14 First five year	s. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	and stop here						>
Section C. Cor	nputation of Publi	c Support Pe	rcentage				
15 Public support	t percentage for 2017 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
	t percentage from 2016					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
17 Investment inc	come percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment inc	come percentage from 2	.016 Schedule A,	Part III, line 17			18	%
	ort tests - 2017. If the					33 1/3%, and line	17 is not
	1/3%, check this box ar						
b 33 1/3% supp	oort tests - 2016. If the nore than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	ation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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		
3a		
3b		
3с		
_		
4a		
4b		
4c		
E-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or more supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

12190417 758606 15138000

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions		, ,	Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	ns		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ed 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	Distrib	utions to attentive supported organizations to which the	ne organization is responsive		
	(provid	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2017, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Remai	ning underdistributions for 2017. Subtract lines 3h			
	and 4	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4	- I			
8		down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
		s from 2015			
		s from 2016			
		o from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2014 AMOUNT: \$ 453.
2015 AMOUNT: \$ 1,287.
GAIN ON FOREIGN CURRENCY EXCHANGE
2016 AMOUNT: \$ 1,120.
MERCHANDISE SALE
2016 AMOUNT: \$ 164.
2017 AMOUNT: \$ 73.

Schedule B (Form 990, 990-F7. or 990-PF)

Department of the Treasury

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Internal Revenue Service

Employer identification number

KOMERA, INC. 27-1581674 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______
\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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 certify that it doesn't meet 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) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1		\$\$14,500.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2	Nume, address, and 2n + 4	\$\$15,000.	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			
3		\$\$15,250.	Person X Payroll			
(a)	(b)	(c)	(d)			
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions \$ 21,500.	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			
5		\$ 25,000.	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			
6	Traine, address, and EIF T T	\$ 31,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number 27-1581674

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	ctions). Use duplicate copies of Part I if additional space is needed.					
(a)	(b)	(c) (d)					
No.	Name, address, and ZIP + 4	Total contributions Type of contribution					
7		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					
8		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					
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c) (d)					
No.	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
		Person Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution					
		Person Payroll Noncash (Complete Part II for noncash contributions.)					

Name of organization Employer identification number

KOMERA, INC.

27-1581674

Part II	Noncash Property (see instructions). Use duplicate copies of Property	art 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	
—				
			990, 990-EZ, or 990-PF) (2	

Name of organization Employer identification number 27-1581674 KOMERA, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

12190417 758606 15138000

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KOMERA, INC.

Employer identification number 27-1581674

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin						
		(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advi	ised funds				
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No				
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only				
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring				
_	impermissible private benefit?						
Par			Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organizati						
	Preservation of land for public use (e.g., recreation or e	. —	torically important land area				
	Protection of natural habitat	Preservation of a cer	rtified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form					
	day of the tax year.		Held at the End of the Tax Year				
	Total number of conservation easements						
	Total acreage restricted by conservation easements						
	Number of conservation easements on a certified historic str						
d	Number of conservation easements included in (c) acquired a						
	listed in the National Register						
	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax				
	year >						
	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
_	violations, and enforcement of the conservation easements if						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year				
_	• ————————————————————————————————————						
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year				
•	> \$		0/1-1/41/171/2				
	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?						
	In Part XIII, describe how the organization reports conservati	•					
	include, if applicable, the text of the footnote to the organization appearation appearation	tion's imancial statements that describes	s the organization's accounting for				
Par	conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or C	Other Similar Assets				
. u.	Complete if the organization answered "Yes" on Form		Strict Cirmar Addets.				
	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art				
	historical treasures, or other similar assets held for public ext						
	the text of the footnote to its financial statements that descri		ance of public service, provide, in rare xiii,				
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed						
	relating to these items:	ducation, or research in fartherance of pr	able service, provide the following amounts				
	(i) Revenue included on Form 990, Part VIII, line 1		L \$				
			· · · · · · · · · · · · · · · · · · ·				
2							
_		asuras, or other similar assets for financi	ial dain provide				
			al gain, provide				
	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1	16 (ASC 958) relating to these items:					

Schedule D (Form 990) 2017

	rt III Organizations Maintaining Co		rt. Hist	orical Tr	easures. o	r Oth	er Sim	ilar Asse	ts/continu	ued)	C 2
	5								•		
•	Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):										
а	Public exhibition	c		_oan or exc	hange progra	ms					
b		e		Other	9- 9						
С	Preservation for future generations	_									
4	Provide a description of the organization's col	lections and explai	n how th	ev further t	he organizatio	on's exe	empt pui	pose in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai								Yes		No
Par	rt IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part			· ·							
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	s or other as:	sets no	t include	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. 0										
Par	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Thre	e years back	(e) Four	ears ba	ack
	Beginning of year balance										
	······										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:						
а	·		_%								
b	· —	%									
С	· ,	%									
_	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses	sion of the organiz	ation tha	it are held a	ind administer	red for t	the orga	nization	г.	, I.	
	by:									Yes I	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati								3b		
4 Dai	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipme		owment i	unas.							
ı aı	Complete if the organization answered) Part IV	/ lino 11a 9	Soo Form 000	Dort V	lino 10				
	Description of property	(a) Cost or o			or other		ccumula		(d) Book	value	
	Description of property	basis (investr			(other)		preciation		(u) book	value	
12	Land	+ ` ` `	,	Dasis	(521101)	ue	Prooletic				
	Land Ruildings										
	Buildings Leasehold improvements				2,025.			- 	2	,02	5.
					8,940.		11.	066.		,87	
	Other				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, • ,	
	Add lines 1a through 1a (Column (d) must ea		V ook:	an (D) line 1	100)				1 0	89	9

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 KOMERA, INC	•		21	-15816/4 Page
Part VII Investments - Other Securities.				
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 end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11c. See Form 990.	Part X. line 13.	
(a) Description of investment	(b) Book value			l-of-year market value
(1)		· · · ·		•
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Tatal (Cal (b) reveal agual Faurra (CO) Port V. and (P) line 10.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
	F 000 Dort IV	line 11d Coe Ferms 000	Dart V. lina 15	
Complete if the organization answered "Yes"	Description	ille 11d. See Form 990,	Part A, line 15.	(b) Book value
• • • • • • • • • • • • • • • • • • • •				(b) Dook value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	; 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV,		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Column (b) must equal Form 990, Part X, col. (B) line	25)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2017

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

KOI	MERA, INC.					27-158167	4
Pai	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "Y	'es" on
	Form 990, Part IV	/, line 14b.					
1				ds to substantiate the amount of its gr			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?	Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	side the
3		he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activis a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SIIR-	-SAHARAN AFRICA	1	10		KOMERA OPER FOREIGN FIE RWANDA WHER SUPPORT THE	LD OFFICE IN E THEY	258,840.
<u> </u>	DAHAKAN AFRICA		10	FROGRAM BERVICES	SOLIOKI INE	DOCAL	230,040.
3 a	Sub-total	1	10				258,840.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	1	10				258,840.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any											
recipient who red	recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)			
2 Enter total number of	recipient organization	ne lieted above that are	recognized as charities by the	foreign country	recognized as tay of	vemnt					

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

KOMERA, INC. Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) Number of (d) Amount of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region cash disbursement noncash assistance recipients cash grant noncash assistance SCHOLARSHIPS, SCHOOL SECONDARY ASSISTANCE INCLUDES SUPPLIES, PERSONAL MATERIALS, TRANSPORTATION, MEDICAL SUB-SAHARAN SCHOOL SUPPLIES. AFRICA 31,259.WIRE 88,873. PERSONAL MATERIALS, NEEDS, AND MEALS 149 COST

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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

27-1581674 Page 5

Part V | Supplemental Information

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE RWANDA TEAM SENDS DETAILED FINANCIAL REPORTS MONTHLY THAT ARE
RECONCILED AGAINST RWANDAN BANK STATEMENTS. THE EXECUTIVE DIRECTOR VISITS
AT LEAST TWICE A YEAR TO MONITOR PROGRAMMING IN PERSON.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: KOMERA OPERATES IN A FOREIGN
FIELD OFFICE IN RWANDA WHERE THEY SUPPORT THE LOCAL COMMUNITY.
PART III, COLUMN (G):
REGION: SUB-SAHARAN AFRICA
(G) DESCRIPTION OF NON-CASH ASSISTANCE: SECONDARY ASSISTANCE INCLUDES
SCHOOL SUPPLIES, PERSONAL MATERIALS, TRANSPORTATION TO AND FROM SCHOOL,
MEDICAL NEEDS, AND MEALS. POST-SECONDARY ASSISTANCE INCLUDES RENT
ASSISTANCE, TRANSPORTATION AND MEAL STIPENDS.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Department of the Treasury Internal Revenue Service

Part I

Open to Public ► Attach to Form 990 or Form 990-EZ. Inspection Go to www.irs.gov/Form990 for the latest instructions. Name of the organization Employer identification number KOMERA, INC. 27-1581674 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No

Total			•			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration

732081 09-13-17

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

Schedule G (Form 990 or 990-EZ) 2017

OMB No. 1545-0047

Schedule G (Form 990 or 990-EZ) 2017 KOMERA, INC. 27-1581674 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr			<u> </u>	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				KOMERA		(add col. (a) through
			RUN THE WORL	COCKTAIL	2	col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue						
3eV	1	Gross receipts	77,990.	18,452.	45,256.	141,698.
_						
	2	Less: Contributions	57,596.	15,176.	37,560.	110,332.
			00 204	2 076	T 606	21 266
	3	Gross income (line 1 minus line 2)	20,394.	3,276.	7,696.	31,366.
	4	Cash prizes				
	_	Name and primary	11,150.			11,150.
S	5	Noncash prizes	11,150.			11,130.
nse	6	Rent/facility costs	5,164.		300.	5,464.
xbe	U	Tientraciiity costs	3,1011		3001	3,1011
Direct Expenses	7	Food and beverages	2,200.	2,783.	900.	5,883.
Dire	-			,		·
	8	Entertainment	1,880.	493.	328.	2,701.
	9	Other direct expenses			6,168.	6,168.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		>	31,366.
		Net income summary. Subtract line 10 from li				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.	1			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add
Revenue				billyo/progressive billyo		col. (a) through col. (c))
Вè						
	1	Gross revenue				
	_	Cook prizos				
ses		Cash prizes				
Direct Expenses	3	Noncash prizes				
Ä		Nondain prizes				
rec	4	Rent/facility costs				
⊡						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d))	
_	_	touthe state(a) in which the control of	and a manager of a 20 - 100			
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	_	etetee?		Yes No
						Yes NO
D	11 "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	vear?	Yes No
		Yes," explain:	•	_		
		-				

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 KOMERA, INC. 27-3	1581	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:			
á	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ►\$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Name			
	Gaming manager compensation > \$			
	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
k	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,	lines 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	4 Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation (contin	ued)				•

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

KOMERA, INC. **Employer identification number** 27-1581674

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPORT - THE ORGANIZATION IS UNIQUE BECAUSE OF ITS EMPHASIS ON EMPOWERMENT THROUGH SPORT. KOMERA PARTNERS WITH LOCAL PRIMARY STUDENTS (BOYS AND GIRLS) IN P5 TO TEACH THEM ABOUT HEALTH, THEIR RIGHTS AND HOW TO TREAT EVERYONE REGARDLESS OF THEIR GENDER WITH RESPECT THROUGH SOCCER. KOMERA ALSO WORKS WITH TEEN MOTHERS IN THE COMMUNITY ENGAGING THEM IN YOGA AND COMMUNITY SELF-HELP GROUPS. YOUNG WOMEN MEET ONCE A WEEK WITH A KOMERA TRAINED COMMUNITY BASED MENTOR WHO HELPS THEM ACHIEVE THEIR GOALS. KOMERA ALSO ENGAGES WITH THE BROADER COMMUNITY ON SPORT FOR CHANGE THROUGH RUNNING. ONCE A YEAR THE ORGANIZATION HOSTS A COMMUNITY FUN RUN WITH THE ENTIRE COMMUNITY. QUARTERLY, KOMERA STAFF HOSTS FUN RUNS AND GAMES WITH PARENTS OF THE PROGRAM TO ENGAGE IN POSITIVE COMMUNITY BEHAVIORS TOWARDS YOUNG WOMEN. EXPENSES \$ 17,917. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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 AND ANY STAFF MEMBER WITH SIGNIFICANT DECISION MAKING AUTHORITY ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ANNUALLY.

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization KOMERA, INC.	Employer identification number 27-1581674
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINA	ANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC, UPON REQUEST, AND THE FORM 990) IS AVAILABLE ON THE
WEBSITE GUIDESTAR.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN EXCHANGE LOSS	-13,982.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

Office Use Only: Fiscal Year

THE COMMONWEALTH OF MASSACHUSETTS OFFICE OF THE ATTORNEY GENERAL NON-PROFIT ORGANIZATIONS/PUBLIC CHARITIES DIVISION ONE ASHBURTON PLACE BOSTON, MASSACHUSETTS 02108

ONE ASHBURTON PLACE (617) 727-2200, ext. 2101
BOSTON, MASSACHUSETTS 02108 www.mass.gov/ago/charities

Form PC

Report for the Fiscal Period: $07/01/17$ to $06/30$	/18			Check all items atta (if applicable)	ached		
Attorney General's Account #: 054137	_			Filing Fee or P X Electronic Pay Confirmation			
Federal ID #: 27-1581674	Federal ID #: 27-1581674						
Electronic Payment Confirmation #:				X Audited Finand Statements/Re	eview		
When did the organization first engage in charitable work in Massachusetts? Has the organization applied for or been granted IRS tax exempt status? If yes, date of application OR date of determination letter: IRS Exemption under 501(c): If exempt under 501(c), are contributions to the organization.	on	01/01/2 X Yes 04/03/2	No No	By-Laws X Schedule A-1 X Schedule A-2 Schedule RO Schedule VCC Probate Accou)		
tax deductible as charitable contributions?		X Yes	No				
Organization Data							
Name: KOMERA, INC.							
Mailing Address: PO BOX 1491							
City: JAMAICA PLAIN	S	tate: MA	ZIP:	02130			
Phone Number: 646-465-2315		Fax Number:					
Email: INFO@KOMERA.ORG		Website: WWW.F	KOMERA.ORG				
In the table below, please enter the appropriate codes from the c Enter up to 2 codes from Table 3 for your organization's main pu	ırpose(s)	ling tables found in th					
Category	Code		Category		Code		
County (Table 1)	15	Organization Purpo	se Code 1		6		
Type of Organization (Table 2)	18	Organization Purpo	se Code 2		8		
Please check box if final return prior to dissolution:							
Form PC Rev. 11/2016 778001 04-01-17	Page	1 of 15	Office Use Only: Pa	yment Received			

1

All questions must be completed in their entirety whether or not similar questions are answered in an attached federal form. See instructions and definition section for guidance.

1. On what date was the organization created?	12/23/2009
---	------------

2.	Where was the organization created?	NEW	YORK,	NY	
----	-------------------------------------	-----	-------	----	--

3. What is the form of organization? (check one)

	Corporation	X	Testamentary Trust	
	Unincorporated Association		Inter Vivos Trust	
	Other (please describe):			
4.	Was your organization related to any other organization(s) during complete the Schedule RO on pages 13 and 14.	the repor	ting year (see definition of "Related Organization")? <i>If yes, please</i> Yes X] No

5. Enter your summary of financial data:

complete the Schedule RO on pages 13 and 14.

	Financial Data	Amounts
Α.	Contributions, gifts, grants, and similar amounts received	646,396.
В.	Gross support and revenue	646,500.
C.	Program services and similar amounts paid out	358,334.
D.	Fundraising expenses	60,231.
E.	Management and general expenses	51,417.
F.	Payments to affiliates	0.
G.	Total expenses	469,982.
Н.	Net assets or fund balances at the end of the year	549,736.

6. List the total compensation you provided to your five highest paid employees:

	Name/Title	Hrs/ Week	Salary and Other Income	Benefit Plans	Other Compensation
	MARGARET BUTLER				
1.	EXECUTIVE DIRECTOR	40.00	71,027.	7,298.	0.
	LAUREN MASON				
2.	DEVELOPMENT/COMMUNICATIONS MGR	40.00	49,792.	0.	0.
3.					
4.					
5.					

7.	Was any compensation provided to any of the individuals listed in question 6 above which was not quantified in your resp			
	provide explanation (attach separate sheet).	Yes	X No)

Form PC

Page 2 of 15

8. List the name, amount of compensation paid, and the nature of services rendered by each of the organization's five highest paid consultants providing professional services (e.g. attorneys, architects, accountants, management companies, investment advisors, professional solicitors, professional fundraising counsel).

	Name/Title	Amount of Compensation	Type(s) of Service
1.	ALISON ANDERSON	5,575.	FINANCIAL SERVICES
2.			
3.			
4.			
5.			

9. Bank(s) in which the organization's funds are deposited (include bank addresses and phone number):

Bank	Address		Phone Number
	PO BOX 659754, SAN 2 78265	ANTONIO, TX	800-242-7338
10. What is the organization's accounting method?	Cash X Accrual		
	Other (specify):		
11. If organization's mailing address is a P.O. Box, list	t the organization's full street address:		
Address: 63 WOODLAWN ST. APT	2		
City: JAMAICA PLAIN		State: MA ZII	Code: 02130
12. Contact Person Name: MARGARET BUT	LER		
Street Address: 63 WOODLAWN ST.	APT 2		
City: JAMAICA PLAIN		State: MA ZII	Code: 02130
Phone Number: 646-465-2315			

KOMERA, INC. 27-1581674 13. During the fiscal year reported here, did your organization solicit contributions or have funds X Yes No solicited on its behalf? 14. At any time during the fiscal year following the year reported here, will your organization, or others X Yes No acting on its behalf, solicit contributions? If you answered yes to Question 13 or 14, you must complete Schedule A-1 and/or Schedule A-2 unless you are exempt from the solicitation certificate requirement. 15. If you are claiming an exemption from the solicitation certificate requirement, please indicate by checking the box to the right to identify which exemption applies to your organization. a religious organization an organization which: (a) does not raise more than \$5,000 during a calendar year Or does not receive contributions from more than ten persons during a calendar year; AND (b) carries out all of its activities, including fundraising, through unpaid volunteers. (The conditions at both (a) and (b) must be met for your organization to qualify for this exemption.) 16. Attach a list of names, addresses (street and/or mailing), and telephone numbers of other offices/chapters/branches/affiliates. STATEMENT 1 17. Attach a list of names, titles, and addresses (street and/or mailing) of officers, directors, trustees, and the principal salaried executives

STATEMENT 2

of organization.

18. Attach a list of names, titles, and addresses (street and/or mailing) of any individual(s) authorized to sign checks, and any individual(s) responsible for: custody of funds; distribution of funds; fundraising; and custody of financial records.

STATEMENT 3

19. Has this organization or any of its officers, directors, employees or fundraisers solicited funds in any other state?

X Yes No

STATEMENT 4

If you attach list of states where solicitation was conducted, including registered agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

Form PC 778004 04-01-17

27-1581674

NAME, ADDRESS, PHONE OF OTHER OFFICES 1 FORM PC STATEMENT NAME AND ADDRESS PHONE NUMBER N/A

FORM PC	OFFICERS,	DIRECTORS,	TRUSTEES	AND	EXECUTIVES	STATEMENT	2
NAME AND ADDRESS				T	ITLE		
MARGARET BUTLER PO BOX 1491 JAMAICA PLAIN, MA	A 02130			E:	XECUTIVE DIREC	TOR	
DAVID BOEHMER PO BOX 1491 JAMAICA PLAIN, MA	A 02130			В	OARD CHAIRMAN		
JOHN HAGARTY PO BOX 1491 JAMAICA PLAIN, M	A 02130			T	REASURER		
ALI SAMADI PO BOX 1491 JAMAICA PLAIN, MA	A 02130			D	IRECTOR		
ELIZABETH BOHART PO BOX 1491 JAMAICA PLAIN, M	A 02130			D	IRECTOR		
KRISTEN GENGARO PO BOX 1491 JAMAICA PLAIN, M	A 02130			D	IRECTOR		
LARKIN CALLAGHAN PO BOX 1491 JAMAICA PLAIN, M				D	IRECTOR		
VICTORIA REESE PO BOX 1491 JAMAICA PLAIN, M	A 02130			D	IRECTOR		
JESSICA RIVERA PO BOX 1491 JAMAICA PLAIN, M	A 02130			D	IRECTOR		

FORM PC	PAGE 4, LINE 18	STATEMENT 3
NAME AND ADDRESS	AREA OF RESPONSIBILI	TY
MARGARET BUTLER 63 WOODLAWN STREET, APT 2 JAMAICA PLAIN, MA 02130	AUTHORIZED TO SIGN O	 HECKS
JOHN HAGARTY 42 HARTCROFT ROAD STAMFORD, CT 06903	AUTHORIZED TO SIGN O	HECKS:
MARGARET BUTLER 63 WOODLAWN STREET,APT 2 JAMAICA PLAIN, MA 02130	RESPONSIBLE FOR CUST	ODY OF FUNDS
JOHN HAGARTY 42 HARTCROFT ROAD STAMFORD, CT 06903	RESPONSIBLE FOR CUST	ODY OF FUNDS
MARGARET BUTLER 63 WOODLAWN STREET,APT 2 JAMAICA PLAIN, MA 02130	RESPONSIBLE FOR DIST	RIBUTION OF FUNDS
JOHN HAGARTY 42 HARTCROFT ROAD STAMFORD, CT 06903	RESPONSIBLE FOR DIST	RIBUTION OF FUNDS
MARGARET BUTLER 63 WOODLAWN STREET,APT 2 JAMAICA PLAIN, MA 02130	RESPONSIBLE FOR FUND	RAISING
JOHN HAGARTY 42 HARTCROFT ROAD STAMFORD, CT 06903	RESPONSIBLE FOR FUND	RAISING
MARGARET BUTLER 63 WOODLAWN STREET,APT 2 JAMAICA PLAIN, MA 02130	CUSTODY OF FINANCIAL	RECORDS
JOHN HAGARTY 42 HARTCROFT ROAD STAMFORD, CT 06903	CUSTODY OF FINANCIAL	RECORDS

FORM PC		PAGE	4,	LIN	NE 19		· · · · · · · · · · · · · · · · · · ·	STATEMENT	4
STATE					RE	G AGEN	CY		
NEW YORK	_				AT	TORNEY	GENERAL		
DATE OF REG	REG NUMBER	OTHER	NAI	MES	USED	1			
12/23/09	41-10-00					_			
SOLICIT DATE	TYPE OF SOLIC	IOITATIO	1						
	MASS MAILINGS		_						
STATE					RE	G AGEN	CY		
NEW YORK	_				 AI	TORNEY	GENERAL		
DATE OF REG	REG NUMBER	OTHER	NAI	MES	USED)			
12/23/09	41-10-00					_			
SOLICIT DATE	TYPE OF SOLIC	ITATIO	1						
	ENTERTAINMENT	EVENT	_						
STATE					RE	G AGEN	CY		
CALIFORNIA	_				AI	TORNEY	GENERAL		
DATE OF REG	REG NUMBER	OTHER	NAI	MES	USED)			
09/05/14	CT0210675					_			
SOLICIT DATE	TYPE OF SOLIC	IOITATIO	1						
	MASS MAILINGS		_						
STATE					RE	G AGEN	СУ		
CALIFORNIA	_				AI	TORNEY	GENERAL		
DATE OF REG	REG NUMBER	OTHER	NAI	MES	USED	1			
09/05/14	CT0210675					_			
SOLICIT DATE	TYPE OF SOLIC	ITATIO	1						
	ENTERTAINMENT	EVENT	-						

20. Has this organization or any of its officers, directors, or employees:

	If ye	s, please attach an explanation.		
	(a)	Been enjoined or otherwise prohibited by a government agency/court from operating or soliciting contributions?	Yes	X No
	(b)	Ever been refused registration or had its registration or tax exemption denied, suspended, modified or revoked by a governmental agency?	Yes	X No
	(c)	Been the subject of a proceeding regarding any solicitation or registration?	Yes	X No
	(d)	Entered into a voluntary agreement of compliance or consent judgment with any government agency or in a case before a court or administrative agency?	Yes	X No
21.		e any restrictions been removed during the year from donor-restricted funds? s, please attach an explanation. STATEMENT 5	X Yes	☐ No
22.		e donor-restricted funds been loaned to unrestricted funds? s, please attach an explanation.	Yes	X No
23.	Part	question involves "Termination of Employment or Changes of Control Compensatory Arrangements" with certain "Relaties" (see instructions and definition sections). Report only if payments made or promised to any individual are in excess our months salary or \$100,000, whichever dollar amount is less.	ited	
	(a)	Did you make actual payments or otherwise transfer value under such an arrangement to any individual described in Related Party definition, sections (a) or (b), which payments are not reported in Question 6 or 7 above?	Yes	X No
	(b)	Do you have an agreement with any individual described in Related Party definition, sections (a) or (b), containing such an agreement?	Yes	X No
	-	ou answered yes for Question 23(a) or 23(b) above, please attach an explanation identifying the individual(s) involved, state out of any payments made or value transferred, and describing the terms of each agreement	ing the	

amount of any payments made or value transferred, and describing the terms of each agreement.

Form PC 778005 04-01-17

27-1581674

KOMERA, INC.

FORM PC

EXPLANATION FOR PAGE 5, LINE 21

STATEMENT

5

DONOR-RESTRICTIONS HAVE BEEN REMOVED AS THE FUNDS HAVE BEEN USED FOR THEIR INTENDED PURPOSE. THIS CAN BE SEEN IN THE RELEASE OF TEMPORARILY RESTRICTED NET ASSETS IN THE REVIEWED FINANCIAL STATEMENT OF ACTIVITIES FOR FY18.

24. This question applies to related party transactions, which include transactions with officers, directors, trustees, certain employees, relative, and organizations they own or control. Please consult the instructions and definition sections for the definition of a "Related Party" and "Indebtedness" before answering. Note that transactions involving related parties must be reported even when there is no accounting recognition (e.g. in-kind gifts, waiver of interest not otherwise reported).

If the answer to any part of Question 24 is **yes**, attach a schedule stating the name and address of the related party, the nature of the transaction, the value or the amounts involved in the transaction, and the procedure followed in authorizing the transaction.

	During the year:		
A.	Has your organization sold or transferred assets to or purchased assets from or exchanged assets with a related party?	Yes	X No
В.	Has your organization leased assets to or leased assets from a related party?	Yes	X No
C.	Has your organization been indebted to a related party?	Yes	X No
D.	Has your organization allowed a related party to be indebted to it?	Yes	X No
E.	Has your organization made or held an investment in a related party?	Yes	X No
F.	Has your organization furnished goods, services, or facilities to a related party?	Yes	X No
G.	Has your organization acquired goods, services, or facilities from a related party who received compensation or other value in return?	Yes	X No
Н.	Has your organization paid or became obligated to pay wages, salary, or other compensation to a related party?	X Yes	□ No
I.	Has your organization transferred income or assets to or for use by a related party?	Yes	X No
J.	Was your organization a party to any transaction in which any of its officers, directors, or trustees has a material financial interest, or did any officer, director or trustee receive anything of value not reported as compensation?	Yes	X No
K.	Has your organization invested in any corporate stock of a company in which any officer, director, or trustee owns more than 10% of the outstanding shares?	Yes	X No
L.	Is any property of the organization held in the name of or commingled with the property of any other person or organization?	Yes	X No
M.	Did your organization make a grant award or contribution to any other organization in which any of this organization's officers, directors or trustees has a relationship?	Yes	X No

STATEMENT 6

FORM PC PAGE 6, LINE 24 STATEMENT 6

NAME AND ADDRESS

MARGARET BUTLER
63 WOODLAWN STREET, APT 2
JAMAICA PLAIN, MA 02130

NATURE OF TRANSACTION

COMPENSATION OF OFFICER

AMOUNT INVOLVED

78,325.

PROCEDURE FOLLOWED

NORMAL BUSINESS

Signature Required				
Under penalty of perjury, I declare that the information furnished in this report, including all attachments, is true and correct to the best of my knowledge.				
Signature:			Date:	
Printed Name: MARGARET BUTLER				
Title: EXECUTIVE DIRECTOR				
VENTA D MADELN AGO				
Name of Preparer: KEVIN P MARTIN ASS	SOCIATES, P.C.			
Address 10 FORBES WEST				
City BRAINTREE		State MA	ZIP Code 02184	
Phone Number (781)380-3520				
<u> </u>				

Schedule A-1 Solicitation Activities During Fiscal Year Covered By This Report

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

AMPLIFY			
Types of solicitation activities in which you expect to engag	e (check all that appl) :	
Mass Mailing	X	Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming ever	nt
Entertainment event	X	Sale of goods other than by telepho	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X
Other (specify):			
dentify the method or methods you expect to use for the fu	indraising (check all t	<u> </u>	X
Professional solicitor*		Own employees Volunteers	X
Professional fundraising counsel* Commercial co-venturer*		Volunteers	A
osminoralar oo vontarar		ı	
Provide applicable names and addresses:			
Professional Solicitor Name:			
Address			
City		State ZI	P Code
Professional Fundraising Counsel Name:			
Address			
City		State ZI	P Code

Schedule A-1 ctd. Solicitation Activities During Fiscal Year Covered By This Report

Identify the individuals who will have final responsibility for the charity's custody of contributions:

MARGARET BUTLER

Name and Title: EXECUTIVE DIRECTOR		
Address 63 WOODLAWN STREET, APT 2		
City JAMAICA PLAIN	State MA	ZIP Code 02130
JOHN HAGARTY Name and Title: TREASURER		
Address 42 HARTCROFT ROAD		
City STAMFORD	State CT	ZIP Code 06903
Name and Title:		
Address		
City	State	ZIP Code
entify the individuals who will have final responsibility for the charity's MARGARET BUTLER Name and Title: EXECUTIVE DIRECTOR		
Address 63 WOODLAWN STREET, APT 2		
City JAMAICA PLAIN		
JOHN HAGARTY Name and Title: TREASURER		
Address 42 HARTCROFT ROAD		
City STAMFORD		
Name and Title:		
Address		
City	State	ZIP Code

Form PC - Schedule A-1 778009 04-01-17

Schedule A-2 Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

List any names which will be used by the organization in connection with the solicitation of funds, other than the official name which appears on page 1.

AMPLIFY			
ypes of solicitation activities in which you expect to engage (check all that appl	v):	
Mass Mailing	X	Via the Internet	X
Door-to-door		Raffle, beano, bingo or gaming event	
Entertainment event	X	Sale of goods other than by telephone	
Telemarketing without sale of goods or ads		Individual Mailings	X
Telemarketing with sale of goods		Corporate solicitations	X
Telemarketing with sale of ads		Grant Proposals	X
Other (specify):			
Professional solicitor*		Own employees	X
Professional fundraising counsel*		Volunteers	X
Commercial co-venturer*			
		ı	
Professional Solicitor Name:		•	
Provide applicable names and addresses: Professional Solicitor Name: Address			
Professional Solicitor Name:		State ZIP Code	
Professional Solicitor Name: Address		State ZIP Code	
Professional Solicitor Name: Address City		State ZIP Code	
Professional Solicitor Name: Address City Professional Fundraising Counsel Name:		State ZIP Code	
Professional Solicitor Name: Address City Professional Fundraising Counsel Name: Address		State ZIP Code	
Professional Solicitor Name: Address City Professional Fundraising Counsel Name: Address City City		State ZIP Code	

Schedule A-2 ctd. Solicitation Activities Planned for Fiscal Year Which Follows the Reporting Year

Identify the individuals who will have final responsibility for the charity's custody of contributions:

MARGARET BUTLER

Name and Title: EXECUTIVE DIRECTOR		
Address 63 WOODLAWN STREET, APT 2		
City JAMAICA PLAIN	State MA	ZIP Code 02130
JOHN HAGARTY Name and Title: TREASURER		
Address 42 HARTCROFT ROAD		
City STAMFORD	State CT	ZIP Code 06903
Name and Title:		
Address		
City	State	ZIP Code
Identify the individuals who will have final responsibility for the charity's d MARGARET BUTLER Name and Title: EXECUTIVE DIRECTOR		
Address 63 WOODLAWN STREET, APT 2		
City JAMAICA PLAIN	State MA	ZIP Code 02130
JOHN HAGARTY Name and Title: TREASURER		
Address 42 HARTCROFT ROAD		
City STAMFORD	State CT	ZIP Code 06903
Name and Title:		
Address		
City	State	ZIP Code

Form PC - Schedule A-2 778011 04-01-17

Certification by Organization

Two different signatures required. Signers must be organization president or other authorized officer or trustee.

Under penalty of perjury, we declare that the information furnished in this report, including all attachments, is true and correct to the best of our knowledge.

Signature:	Date:
Printed Name: MARGARET BUTLER	
Title: EXECUTIVE DIRECTOR	
Signature:	Date:
Printed Name: JOHN HAGARTY	
Title: TREASURER	

Form PC 778012 04-01-17 Page 12 of 15 Rev. 11/2016

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Αŀ	For th	e 2017 calendar year, or tax year beginning JUL L, ∠	401/ and	ending J	UN 30, 2018	
В	Check if applicab	C Name of organization			D Employer identif	cation number
	Addre	KOMERA, INC.				
	Name chang	Doing business as		27-1	581674	
	Initial return Final return	Number and street (or P.U. box it mail is not delivered to street	Room/suite	E Telephone numbe	465-2315	
	termir	City or town, state or province, country, and ZIP or foreign	n postal code		G Gross receipts \$	677,866.
	Amen return	OAMAICA FUAIN, MA 02130		H(a) Is this a group r	eturn	
	Application	F name and address of principal officer: HANGANET I	BUTLER		for subordinates	
	pendi	^{ng} SAME AS C ABOVE			H(b) Are all subordinates i	ncluded? Yes No
		tempt status: $X = 501(c)(3) = 501(c)(3)$ (insert no.)) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: ► WWW.KOMERA.ORG			H(c) Group exemption	
		f organization: X Corporation Trust Association	Other >	∟ Year	of formation: 2009	M State of legal domicile: \overline{NY}
Pa	art I	Summary				
& Governance	1	Briefly describe the organization's mission or most significant at YOUNG WOMEN THROUGH EDUCATION,				CONFIDENT
š	2	Check this box if the organization discontinued its op	erations or dispo	sed of more	than 25% of its net a	
ŏ	3	Number of voting members of the governing body (Part VI, line	1a)		3	9
ه 0	4	Number of independent voting members of the governing body				8
es	5	Total number of individuals employed in calendar year 2017 (Pa				2
Activities	6	Total number of volunteers (estimate if necessary)				88
Act		Total unrelated business revenue from Part VIII, column (C), line				
	b	Net unrelated business taxable income from Form 990-T, line 34	1	<u></u>		
					Prior Year 428,643.	Current Year 646,396.
ne	8	Contributions and grants (Part VIII, line 1h)			420,043.	040,390.
Revenue	9	Program service revenue (Part VIII, line 2g)			18.	31.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			1,284.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and			429,945.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A) lines 1 3)			78,608.	
	14	, , , , , , , , , , , , , , , , , , , ,			0.	-
S	15				183,127.	-
Expenses	1	Professional fundraising fees (Part IX, column (A), line 11e)			1,600.	
bei	b	Total fundraising expenses (Part IX, column (D), line 25)	60,2	31.	<u> </u>	
ũ	17				126,602.	128,738.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A)			389,937.	
	19				40,008.	176,518.
Assets or Balances				Ве	ginning of Current Year	End of Year
alar	20	Total assets (Part X, line 16)			391,294.	560,489.
or Ass	21	Total liabilities (Part X, line 26)			4,094.	
<u> Ž</u>	22	Net assets or fund balances. Subtract line 21 from line 20			387,200.	549,736.
	art II	Signature Block				
	•	alties of perjury, I declare that I have examined this return, including acco			•	ly knowledge and belief, it is
ırue	, corre	ct, and complete. Declaration of preparer (other than officer) is based on a	all information of wi	nich preparer	nas any knowledge.	
		Signature of officer			I Date	
Sig		MARGARET BUTLER, EXECUTIVE DI	TRECTOR		Duto	
Her	e	Type or print name and title	IRECTOR			
		Print/Type preparer's name Preparer's sig	ınature	П	Date Check	PTIN
Paid	d		TUCK, C		14/17/10 ii	
	- parer	Firm's name KEVIN P MARTIN ASSOCIAT			Firm's EIN	04-3097400
	Only	Firm's address 10 FORBES WEST			Tim Sem	
,	,	BRAINTREE, MA 02184			Phone no. (7	81)380-3520
May	v the I	RS discuss this return with the preparer shown above? (see inst	ructions)		1	X Ves No

Pai	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	KOMERA DEVELOPS SELF-CONFIDENT YOUNG WOMEN THROUGH EDUCATION,
	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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 206,456. including grants of \$ 120,132. (Revenue \$ ROOM, BOARD)
	AND TUITION AT A PUBLIC BOARDING SCHOOL IN RWANDA. DURING SCHOOL
	HOLIDAYS, SCHOLARS ATTEND CAMPS WHERE THEY RECEIVE TRAINING ON
	REPRODUCTIVE HEALTH, CAREER COUNSELING, LEADERSHIP DEVELOPMENT AND HOW
	TO BE LEADERS WITHIN THEIR COMMUNITIES. ONCE STUDENTS FINISH SCHOOL
	THEY ATTEND THE POST-SECONDARY TRANSITION PROGRAM (PSTP). THE PSTP
	TRAINS THEM IN ENGLISH, ICT, SMALL BUSINESS DEVELOPMENT AND HELPS THEM
	APPLY TO UNIVERSITY. THE ORGANIZATION ALSO SUPPORTS THE UNIVERSITY
	EDUCATION OF SELECT SCHOLARS.
415	(Code:) (Expenses \$ 37,211 • including grants of \$) (Revenue \$)
4b	(Code:) (Expenses \$ 37,211. including grants of \$) (Revenue \$ AMPLIFY - IN 2017, THE USA LEADERSHIP OF KOMERA LAUNCHED A SISTER
	INITIATIVE CALLED AMPLIFY. AMPLIFY IS A COLLECTIVE OF ORGANIZATIONS
	WORKING IN COMMUNITIES IN EASTERN AFRICA TO BUILD FEMALE LEADERS BY
	SCALING IDEAS AND BEST PRACTICES THROUGH COLLABORATION. THROUGH
	COLLECTIVE METRICS, THE ORGANIZATION WILL PROVE THAT LOCALLY BASED
	ORGANIZATIONS ARE DELIVERING VALUE FOR GIRLS AND AMPLIFY WILL PROVIDE A
	PLATFORM FOR GLOBAL ENGAGEMENT.
4c	(Code:) (Expenses \$ 96,750 • including grants of \$) (Revenue \$
	COMMUNITY DEVELOPMENT - THE ORGANIZATION BUILDS A LOCAL COMMUNITY OF
	SUPPORT FOR THE SCHOLARS. AT SCHOOL, A SCHOLAR MEETS WITH HER KOMERA
	MENTOR AND FELLOW SCHOLARS ONCE A WEEK. AT HOME, HER PARENTS WORK WITH
	THE KOMERA PARENT CO-OPERATIVE. THEY RECEIVE TRAINING ON HOW TO LAUNCH
	SMALL BUSINESSES TO HELP SUPPORT THEIR FAMILIES AND PROVIDE MODEST
	SCHOOL MATERIALS FOR THE SCHOLARS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 17,917 • including grants of \$) (Revenue \$)
4e	Total program service expenses ► 358,334.

27-1581674 Page **3**

Form 990 (2017) 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		X
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		Х
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		Х
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		X
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		X
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			٦,
	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	v	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		Х	
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Λ	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	-22	
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
13	complete Schedule G, Part III	19		х
	Complete Controlle G, Factor			

27-1581674 Page 4

Form 990 (2017) KOMERA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	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		X
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			,,
	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,			7,7
	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	 		. v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			х
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		04		Х
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a		35a		-25
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of section 513/b)(13)3 If "Yes " complete Schedule R. Part V. line 2	25h		
26	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?	26		Х
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
20	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	31		<u> </u>
38		38	Х	
	Note. All Form 990 filers are required to complete Schedule O	30		

27-1581674

Form 990 (2017) KOMERA, INC. 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			Ш
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			İ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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 Accounts (FBAR).			
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X
b	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		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Α	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
8	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	Sponsoring organizations maintaining donor advised funds.	-		
J a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
h	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	0.5		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. 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			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2017

Form 990 (2017) KOMERA, INC. 27-1581674 Page

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 1b 8			
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		Х
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				
	more members of the governing body?	7a		Х
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		Х
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		Х
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	X	
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		X
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	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			
	taxable entity during the year?	16a		Х
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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA , NY , CA			
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) and 990-T (Section 501(c)(3)s only) are	ıvailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ALISON ANDERSON - 202-670-2545			
	511 DRUID LANE, CHATTANOOGA, TN 37405			

Form 990 (2017) KOMERA, INC. 27-1581674 Page 7

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 week	box	not c	Pos heck ss pe	more rson	than is bot or/trus	h an	(D) (E) Reportable Reportable compensation compensation from from relate		(F) Estimated amount of other	
	(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)	compensation from the organization and related organizations	
(1) DAVID BOEHMER	5.00	. ,		٠,,					0		
BOARD CHAIRMAN	2.00	Х		Х				0.	0.	0	
(2) JOHN HAGARTY	2.00	X		x				0.	0.	0	
TREASURER (3) ALI SAMADI	2.00	^		^				0.	0.	0	
DIRECTOR	2.00	X						0.	0.	0	
(4) ELIZABETH BOHART	2.00	122							0.	0	
DIRECTOR	2,00	\mathbf{x}						0.	0.	0	
(5) KRISTEN GENGARO	2.00	∺									
DIRECTOR		x						0.	0.	0	
(6) LARKIN CALLAGHAN	2.00							-			
DIRECTOR		X						0.	0.	0	
(7) VICTORIA REESE	2.00										
DIRECTOR		X						0.	0.	0	
(8) JESSICA RIVERA	2.00										
DIRECTOR		Х						0.	0.	0	
(9) MARGARET BUTLER	40.00								_		
EXECUTIVE DIRECTOR		Х		Х				59,553.	0.	6,396	
		$\left\{ \right.$									
		_									
		_									
		-									
						<u> </u>		L			

Form 990 (2017) KOMERA, INC. 27-1581674 Page 8

ı aı	t VII Section A. Officers, Directors, Trus	tees, Key Em (B)	pioy	ees		<u>a Hi</u> C)	igne	ST C					/E\	
	(A) Name and title	Average			Pos	itior	1		(D) Reportable	(E) Reportable		Fc	(F) stimate	hd.
	IVALITE ATTA LILLE	hours per	box	not c , unle	heck ss pe	more rson	than is bot	h an	compensation	compensation			nount	
		week	-	cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
		(list any hours for	lirecto				L		the organization	organization (W-2/1099-MIS			pensa	
		related	ee or d	stee			nsated		(W-2/1099-MISC)	(88-2/1099-1818	30)		anizati	
		organizations	Itrust	nal tru		oyee	ombe						d relat	
		below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizatio	ons
			르	Ë	₽	- Se	三品	요						
			_											
							-							
			-											
			1											
			-											
			ł											
	Sub-total								59,553.		0.		6,3	
	Total from continuation sheets to Part V								59,553 .		0.		6,3	0.
d 2	Total (add lines 1b and 1c) Total number of individuals (including but r									000 of roportab			0,3	90.
2	compensation from the organization	ioi iiiiiitea to ti	1036	ilote	su ai	DOV	C) WI	10 1	eceived more than \$100	,,000 or reportab	ie.			0
													Yes	No
3	Did the organization list any former officer,	,		e, ke	y er	mplo	oyee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s											3		X
4	For any individual listed on line 1a, is the su	=		-					•	the organization		_		Х
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for convices		4		
3	rendered to the organization? If "Yes," com	•				,			led organization or indiv	dual for services		5		X
Sec	tion B. Independent Contractors	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				,								
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of con	npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A) Name and business	address	NI	INC	7				(B) Description of s	ervices	C)) ompe	C) nsatio	n
	rame and pasiness		14/	2141				\dashv	Boompton or c	10171000		ompo		<u> </u>
								\dashv						
								+						
2	Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation >				(0						000	
												Form	990 (2	2017)

732008 11-28-17

27-1581674

Page 9

ıa	I			or note to any lin	e in this Part VIII			
		Check if Schedule O cont	ана а тезропае	of flote to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d e f g h		1b 1c 1d 1d 1e 1tions) 1e 1ts, and 1f 1s 1a-1f: \$	Business Code	646,396.	revenue	revenue	512 - 514
ъ.	f g	All other program service reverse Total. Add lines 2a-2f						
	3 4 5	Investment income (including other similar amounts) Income from investment of ta	dividends, inter	rest, and proceeds	31.			31.
	6 a		(i) Real	(ii) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other				
	С	and sales expenses Gain or (loss) Net gain or (loss)		>				
Other Revenue		Gross income from fundraisin including \$ 110,3 contributions reported on line Part IV, line 18	332 • of e 1c). See	31,366.				
Ö		Less: direct expenses Net income or (loss) from fund		31,366.	0.			
		Gross income from gaming ac		F				
	b	Part IV, line 19	a					
	10 a	Gross sales of inventory, less and allowances	returns a					
		Miscellaneous Revenu		Business Code	П.			
	11 a	MERCHANDISE SAI	<u> </u>	900099	73.		73.	
	C							
	d							
	е	Total. Add lines 11a-11d			73.			
	12	Total revenue. See instructions.		ī	646,500.	0.	73.	31.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 120,132. 120,132. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 78,325 54,827. 7,833. 15,665. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 102,228. 56,993. 22,617. 22,618. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,093. 7,093. Other employee benefits 9 33,466. 27,973. 2,496. 2,997. Payroll taxes 10 Fees for services (non-employees): a Management 1,687. 1,687. Legal 8,875. 8,875. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 4,823. 4,695 128 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13,288. 5,816. 2,879. 4,593. Office expenses 13 4,619. 4,619. 14 Information technology 15 Royalties 17,406. 10,733. 3,790. 2,883. 16 Occupancy 22,520. 17,325. 928. 4,267. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 <u>5,</u>390. 286. 5,676. Depreciation, depletion, and amortization 22 3,014. 1,174. 1,840. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROGRAM SUPPLIES & SUPP 42,344. 38,984. 500. 2,860. С 893. 152. 3,441. 4,486. All other expenses 469,982. 358,334. 51,417. 60,231. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

KOMERA, INC.

Form 990 (2017)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			270,948.	1	280,945.
	2	Savings and temporary cash investments			61,747.	2	61,777.
	3	Pledges and grants receivable, net			34,500.	3	191,538.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	oloyees. Complete			
		Part II of Schedule L		5			
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
ι		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net				7	
¥	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			2,539.	9	6,330.
	10a	Land, buildings, and equipment: cost or other	I I				
		basis. Complete Part VI of Schedule D	10a	30,965.			
	b	Less: accumulated depreciation		11,066.	21,560.	10c	19,899.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equ			391,294.	16	560,489.
	17	Accounts payable and accrued expenses		4,094.	17	10,753.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and former	officers	, directors, trustees,			
≝		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			4 004	25	10 752
	26	Total liabilities. Add lines 17 through 25			4,094.	26	10,753.
		Organizations that follow SFAS 117 (ASC 958		there ▶ 🔼 and			
ses		complete lines 27 through 29, and lines 33 an			244 027		210 251
<u>a</u>	27	Unrestricted net assets			344,027. 43,173.	27	318,351.
Ba	28	Temporarily restricted net assets			43,1/3.	28	231,385.
<u>n</u>	29			······································		29	
Ę		Organizations that do not follow SFAS 117 (A	SC 958)	, check here ▶∟ _			
S		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed				31	
Net	32	Retained earnings, endowment, accumulated in			387,200.	32	549,736.
_	33	Total net assets or fund balances			391,294.	33	560,489.
	34	Total liabilities and net assets/fund balances			331,434.	34	300,409.

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
			٠,		00
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.
2	Total expenses (must equal Part IX, column (A), line 25)	2			82.
3	Revenue less expenses. Subtract line 2 from line 1	3			18.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	7,2	00.
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	-1	3,9	82.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	54	9,7	36.
Par	t 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				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:	,			
	X 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 the	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?	3	За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 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 12, 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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 listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.
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	004 045	242 442	222	100 610	646 006	
	Total. Add lines 1 through 3	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						548,347.
	Public support. Subtract line 5 from line 4.						1,487,337.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 382, 288.	(d) 2016	(e) 2017 646, 396.	(f) Total
	Amounts from line 4	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	F1	2.4	1.0	10	21	150
	and income from similar sources	51.	34.	18.	18.	31.	152.
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		453.	1,287.	1,284.	73.	3,097.
	assets (Explain in Part VI.)		433.	1,207.	1,204.	73.	2,038,933.
	Total support. Add lines 7 through 10	-1- /!	\			40	2,030,933.
12	Gross receipts from related activities,	•	,	عاد ما العاد ا		12	
13	First five years. If the Form 990 is for organization, check this box and stop				-		ightharpoonup
Sec	ction C. Computation of Publi		rcentage				
	Public support percentage for 2017 (I			column (f))		14	72.95 %
	Public support percentage from 2016					15	82.22 %
	33 1/3% support test - 2017. If the o						
	stop here. The organization qualifies	•		•		•	
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶ □
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explair	n in Part VI how the	
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

Schedule A (Form 990 or 990-EZ) 2017

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
3							
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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		1				
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	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.)						
	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	zation,
					•		
Se	ction C. Computation of Publ	ic Support Pe	rcentage				Í
	Public support percentage for 2017 (column (f))		15	%
	Public support percentage from 2016					16	%
	ction D. Computation of Inve					•	
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from					18	%
	33 1/3% support tests - 2017. If the						
.56	more than 33 1/3%, check this box a						▶
ŀ	33 1/3% support tests - 2016. If the						 and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
20	i invale roundation. Il the organization	an alla not bliech a	DOA OH III IC 14, 19	a, or roo, ori c ck li	ווט טטא מווע שכל וווג	JUNIOUS	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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		
3a		
3b		
3с		
4a		
4b		
4c		
F-		
5a		
5b		
5c		
33		
6		
7		
8		
00		
9a		
9b		
00		
9c		
10a		
iva		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described 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		
Sec	tion B. Type I Supporting Organizations			
			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 Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described 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		
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	í –	
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	,			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
_	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b		6.		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	[↑] Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgar	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections 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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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	ly integrat	ed Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
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	is	
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	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Post VI Co. La La Caracter Co.
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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2014 AMOUNT: \$ 453.
2015 AMOUNT: \$ 1,287.
GAIN ON FOREIGN CURRENCY EXCHANGE
2016 AMOUNT: \$ 1,120.
MERCHANDISE SALE
2016 AMOUNT: \$ 164.
2017 AMOUNT: \$ 73.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KOMERA TNC. **Employer identification number** 27-1581674

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts	Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
	g ,,	(a) Donor advised funds	(b) Funds ar	nd 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	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			.,
	for charitable purposes and not for the benefit of the donor of			
			_	Yes No
Pai				
1	Purpose(s) of conservation easements held by the organizati	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a histo	rically important I	and area
	Protection of natural habitat	Preservation of a certif		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form o	f a conservation	easement on the last
	day of the tax year.		Held	at the End of the Tax Year
а	Total number of conservation easements		2a	
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re			ng the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easemer	nts during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	on easements du	uring the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			L Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and b	alance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes t	he organization's	accounting for
	conservation easements.	(4) 10) 17		<u>.</u>
Pa			ner Similar A	ssets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext	· · · · · · · · · · · · · · · · · · ·	ce of public serv	ice, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
b	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, provid	de the following amounts
	relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
_	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre	·	gaın, provide	
	the following amounts required to be reported under SFAS 1		• •	
a	Revenue included on Form 990, Part VIII, line 1			
р	Assets included in Form 990, Part X		🗲 🕏	

732051 10-09-17

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

Schedule D (Form 990) 2017

	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, d	or Oth	er S	imila	r Asse	ts (continu	ued)
3	Using the organization's acquisition, access	ion, and other record	ls, chec	k any of the	following tha	t are a	signifi	cant u	se of its	collection	items
	(check all that apply):										
а	Public exhibition	d		Loan or exc	hange progra	ams					
b	Scholarly research	е		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	the organizati	on's exe	empt	purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	asures, or oth	er simila	ar ass	ets			
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's c	ollection?				\square	Yes	☐ No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered '	"Yes" oı	n Forr	n 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contributio	ns or other as	sets no	t inclu	ıded			
	on Form 990, Part X?									Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII										
	, ,	•	3				Γ			Amount	
С	Beginning balance							1c			
	Additions during the year							1d			
e	Distributions during the year							1e			
f								1f			
	Ending balance									Yes	No
	If "Yes," explain the arrangement in Part XIII.						-				
Pai											
	21 2 Indemnet Lander complete	(a) Current year		rior year	(c) Two year			hree ve	ars back	(a) Four	years back
10	Beginning of year balance	(a) Current year	(0) -	noi yeai	(C) TWO you	3 Dack	(u) 1	пос ус	ais back	(e) rour	ycars back
b	Contributions										
С.	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland		g, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administe	red for	the o	ganiza	ation	_	
	by:										Yes No
	(i) unrelated organizations									3a(i)	
	(ii) related organizations									3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				·					3b	
4	Describe in Part XIII the intended uses of the		wment	funds.							
Pai	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990	D, Part I\	/, line 11a.	See Form 990), Part X	(, line	10.			
	Description of property	(a) Cost or o	ther	(b) Cos	t or other	(c) A	Accun	nulated	d	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preci	ation			
1a	Land										
b	Buildings										
С	Leasehold improvements				2,025.						2,025.
d	Equipment			2	28,940.		11	.,06	6.	17	7,874.
е	Other										
	. Add lines 1a through 1e (Column (d) must e		X colur	nn (R) line	10c)					19	,899.

Part VII	Investments - Other Securities.			
() December	Complete if the organization answered "Yes"			
	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
	al derivatives			
2) Closely	-held equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	(h) must equal Form 000 Part V col (P) line 12			
	b) must equal Form 990, Part X, col. (B) line 12.)			
Fait VIII	-			
	Complete if the organization answered "Yes"		ne 11c. See Form 990, Part X, line	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: C	Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
	Complete if the organization answered "Yes" (a)	on Form 990, Part IV, lin Description	ne 11d. See Form 990, Part X, line	e 15. (b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) lin Other Liabilities.	e 15.)		>
	Complete if the organization answered "Yes"	on Form 990. Part IV lin	ne 11e or 11f. See Form 990. Par	t X. line 25.
1.	(a) Description of liability		(b) Book value	,
	deral income taxes	+	. ,	
. ,	ACIAI IIICUITIE LANGS			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
	for uncertain tax positions. In Part XIII, provide		to the organization's financial st	atements that reports the
	ration's liability for uncertain tax positions under			

732053 10-09-17

Schedule D (Form 990) 2017

INC.

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

	ERA, INC.					7-158167		
Par	Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on							
	Form 990, Part IV							
	·							
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistan	ce? 🗀 `	Yes X No	
2	For grantmakers Dose	ribo in Part V the	organization's	procedures for monitoring the use of it	e grante and other	ecistanco outs	ido tho	
	United States.	inde in Fait V the	organization s	procedures for mornitoring the use of it	s grants and other a	assistarice outs	ide tile	
		he following Part	L line 3 table ca	an be duplicated if additional space is	needed.)			
	(a) Region	(b) Number of		(d) Activities conducted in the region		sted in (d)	(f) Total	
		offices	employees,	(by type) (such as, fundraising, pro-	is a program	service,	expenditures	
		in the region	independent	gram services, investments, grants to	1		for and investments	
			contractors in the region	recipients located in the region)	of service(s) in	the region	in the region	
					KOMERA OPERATES	S IN A		
					FOREIGN FIELD (OFFICE IN		
					RWANDA WHERE TI	HEY		
SUB-S	SAHARAN AFRICA	1	10	PROGRAM SERVICES	SUPPORT THE LO	CAL	258,840.	
3 a	Sub-total	1	10				258,840.	
	Total from continuation							
	sheets to Part I	0	0				0.	
С	Totals (add lines 3a							
	and 3b)	1	10				258,840.	

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 KOMERA, INC. 27-1581674 Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			I recognized as charities by the					I
by the IRS, or for which	ch the grantee or cou	unsel has provided a sec	tion 501(c)(3) equivalency lett	er				
3 Enter total number of	other organizations of	or entities						

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.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIPS, SCHOOL SUPPLIES, PERSONAL MATERIALS,						SECONDARY ASSISTANCE INCLUDES	
The state of the s	SUB-SAHARAN					SCHOOL SUPPLIES,	
NEEDS, AND MEALS	AFRICA	149	31,259.	WIRE	88,873	PERSONAL MATERIALS,	COST
		<u> </u>		l		<u> </u>	

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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Part V | Supplemental Information

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE RWANDA TEAM SENDS DETAILED FINANCIAL REPORTS MONTHLY THAT ARE
RECONCILED AGAINST RWANDAN BANK STATEMENTS. THE EXECUTIVE DIRECTOR VISITS
AT LEAST TWICE A YEAR TO MONITOR PROGRAMMING IN PERSON.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: KOMERA OPERATES IN A FOREIGN
FIELD OFFICE IN RWANDA WHERE THEY SUPPORT THE LOCAL COMMUNITY.
PART III, COLUMN (G):
REGION: SUB-SAHARAN AFRICA
(G) DESCRIPTION OF NON-CASH ASSISTANCE: SECONDARY ASSISTANCE INCLUDES
SCHOOL SUPPLIES, PERSONAL MATERIALS, TRANSPORTATION TO AND FROM SCHOOL,
MEDICAL NEEDS, AND MEALS. POST-SECONDARY ASSISTANCE INCLUDES RENT
ASSISTANCE, TRANSPORTATION AND MEAL STIPENDS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization							ntification number
KOMERA,						27-1581	
Fundraising Activities required to complete this par	Complete if the organization answe t.	ered "Y	'es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	I filers are not
 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	ustody trol of	(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				
			>				
List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is	exempt from re	egistration

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

Schedule G (Form 990 or 990-EZ) 2017

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

		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				KOMERA	_	(add col. (a) through
			RUN THE WORL	COCKTAIL	2	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	77,990.	18,452.	45,256.	141,698.
ъ	2	Less: Contributions	57,596.	15,176.	37,560.	110,332.
	3	Gross income (line 1 minus line 2)	20,394.	3,276.	7,696.	31,366.
	4	Cash prizes				
•	5	Noncash prizes	11,150.			11,150.
pense	6	Rent/facility costs	5,164.		300.	5,464.
Direct Expenses	7	Food and beverages	2,200.	2,783.	900.	5,883.
		Entertainment	1,880.	493.	328. 6,168.	2,701. 6,168.
	9	Other direct expenses	O in a shumon (d)			31,366.
		Net income summary. Subtract line 10 from li				0.
Pa	rt I	III Gaming. Complete if the organization				•
		\$15,000 on Form 990-EZ, line 6a.			•	
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
3ev						
_	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	_		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
	<u> </u>					
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 KOMERA, INC. 27-3	1581	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:			
	The organization's facility	13a		%
	An outside facility			%
	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
	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
•	of gaming revenue retained by the third party \blacktriangleright \$			
,	c If "Yes," enter name and address of the third party:			
•	on res, enter hame and address of the tillid party.			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation > \$			
	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
ŀ	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,	lines 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 Infor	mation (continue	ed)		<u> </u>
		·	·		
•					
•					
-					

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

➤ Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

KOMERA, INC.

Employer identification number 27-1581674

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPORT - THE ORGANIZATION IS UNIQUE BECAUSE OF ITS EMPHASIS ON EMPOWERMENT THROUGH SPORT. KOMERA PARTNERS WITH LOCAL PRIMARY STUDENTS (BOYS AND GIRLS) IN P5 TO TEACH THEM ABOUT HEALTH, THEIR RIGHTS AND HOW TO TREAT EVERYONE REGARDLESS OF THEIR GENDER WITH RESPECT THROUGH SOCCER. KOMERA ALSO WORKS WITH TEEN MOTHERS IN THE COMMUNITY ENGAGING THEM IN YOGA AND COMMUNITY SELF-HELP GROUPS. YOUNG WOMEN MEET ONCE A WEEK WITH A KOMERA TRAINED COMMUNITY BASED MENTOR WHO HELPS THEM ACHIEVE THEIR GOALS. KOMERA ALSO ENGAGES WITH THE BROADER COMMUNITY ON SPORT FOR CHANGE THROUGH RUNNING. ONCE A YEAR THE ORGANIZATION HOSTS A COMMUNITY FUN RUN WITH THE ENTIRE COMMUNITY. QUARTERLY, KOMERA STAFF HOSTS FUN RUNS AND GAMES WITH PARENTS OF THE PROGRAM TO ENGAGE IN POSITIVE COMMUNITY BEHAVIORS TOWARDS YOUNG WOMEN. EXPENSES \$ 17,917. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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 AND ANY STAFF MEMBER WITH SIGNIFICANT DECISION MAKING AUTHORITY ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ANNUALLY.

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization KOMERA, INC.	Employer identification number 27-1581674
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANC	CIAL STATEMENTS
AVAILABLE TO THE PUBLIC, UPON REQUEST, AND THE FORM 990	IS AVAILABLE ON THE
WEBSITE GUIDESTAR.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN EXCHANGE LOSS	-13,982.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 9.x products and later products, select "None"in the "Page Scaling" selection box in the Adobe "Print" dialog.

STATE COPY

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2017

Open to Public Inspection

1.General Info	ormation
----------------	----------

1.deneral illiorillati							
For Fiscal Year Beginning (mm/dd/yyyy) 07/01/2017 and Ending (mm/dd/yyyy) 06/30/2018							
Check if Applicable: Address Change	Name of Organization: Employer Identification Number (E 27-1581674						Employer Identification Number (EIN): 27-1581674
Name Change Initial Filing	Mailing Address: PO BOX 1491 NY Registration Number: 41-10-00						
Final Filing Amended Filing	City / State / ZIP: Telephone:						Telephone: 616 465-2315
Reg ID Pending	Website:	,					Email:
riog is r origining		OMERA.ORG					INFO@KOMERA.ORG
Check your organization's registration category:	7A o	nly EPTL	only	X DUAL (7A &	EPTL)		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.
2. Certification							
See instructions for certification two signatories.	cation requir	rements. Imprope	r certifica	tion is a violation	of law tha	t may be subjec	t to penalties. The certification requires
							e best of our knowledge and belief, applicable to this report.
					MA	RGARET B	UTLER
President or Authorized (Officer:						DIRECTOR
		Signature				Print Name	e and Title Date
Chief Financial Officer or	Treasurer:						
		Signature				Print Name	e and Title Date
O Assessed Describes	· F						
3. Annual Reporting							
							egory (7A or EPTL only filers) or both
categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable							
schedules and attachmen			i ari exeri	ilplion or are a DC	AL IIIer tri	at claims only or	le exemption, you must lile applicable
Scriedules and attacrimen	ts and pay a	applicable lees.					
3a. 7A filing	exemption	: Total contributio	ns from N	NY State including	residents	s. foundations. d	overnment agencies, etc. did not
exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit							
contributio	ns during th	e fiscal year.					
		ion: Gross receipt	s did not	exceed \$25,000	and the m	arket value of as	sets did not exceed \$25,000 at any time
during the	fiscal year.						
4 Cabadulas and M	.t l						
4. Schedules and At	tacnmen	its					
See the following page	7 v	Y No. 45 Did		.:&:			
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer							
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.							
attachments to complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.							
complete your ming. ————————————————————————————————————							
5. Fee							
See the checklist on the	7A filin	g fee:	EPTL fi	iling fee:	Total fee	э:	Make a single shoot or man and and
next page to calculate you	ır						Make a single check or money order
fee(s). Indicate fee(s) you				400		405	payable to: "Department of Law"
are submitting here:	\$	25.	\$	100.	\$	125.	Dopai thent of Law

CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

The Example dategory related to all organizations will be exampled to the tax designation

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raise	
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of C disclosure and will not be available for public review.	contributors). Schedule B of public charities is exempt from
Our organization was eligible for and filed an IRS 990-N e-postcard. Our reve filing year. We have included an IRS Form 990-EZ for state purposes only.	nue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certified Pub X Review Report if you received total revenue and support greater than \$250,0 Audit Report if you received total revenue and support greater than \$750,00 No Review Report or Audit Report is required because total revenue and sup We are a DUAL filer and checked box 3a, no Review Report or Audit Report	000 and up to \$750,000. 0 oport is less than \$250,000
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee: \$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These organizations are not required to file annual financial reports but may do so voluntarily.
01.V	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.
Send Your Filing Send your CHAR500, all schedules and attachments, and total fee to:	Where do I find my organization's NET WORTH? NET WORTH for fee purposes is calculated on:
NYS Office of the Attorney General Charities Bureau Registration Section	 IRS Form 990 Part I, line 22 IRS Form 990 EZ Part I, line 21 IRS Form 990 PF, calculate the difference between

Need Assistance?

28 Liberty Street

New York, NY 10005

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

⁷⁶⁸⁴⁶¹ 04-27-18 1019 CHAR500 Annual Filing for Charitable Organizations (Updated April 2018)

Page 2

Total Assets at Fair Market Value (Part II, line 16(c)) and

Total Liabilities (Part II, line 23(b)).

990

Department of the Treasury Internal Revenue Service

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

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

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

Inspection

OMB No. 1545-0047

A F	or the	2017 calendar year, or tax year beginning $\mathrm{JUL}1$, 2017	ending J	UN 30, 2018			
B c	heck if pplicable	C Name of organization		D Employer identifi	cation number		
	Addres change	s KOMERA, INC.					
	Name change	Doing business as	27-1581674				
	Initial return		Room/suite	E Telephone numbe	r 465-2315		
	Final return/ termin-		PO BOX 1491				
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	677,866.			
	_lreturn	DAMAICA FLAIN, MA UZIJU		H(a) Is this a group re			
	Applica tion pending				?Yes X No		
		SAME AS C ABOVE		H(b) Are all subordinates in			
		mpt status: X 501(c)(3) 501(c) ()	r 527	1	list. (see instructions)		
		e: ► WWW . ROMERA . ORG organization: X Corporation Trust Association Other ►	I. Vaar	H(c) Group exemption			
		Summary	L Year	of formation: 2009	A State of legal domicile: NY		
Га		Briefly describe the organization's mission or most significant activities: KOMER	איזים ע	FI.ODG GFI.F-	CONFIDENT		
ce	1 6	YOUNG WOMEN THROUGH EDUCATION, COMMUNITY,		SPORT	CONFIDENT		
nar	_	Check this box if the organization discontinued its operations or disposit			cente		
ver		Number of voting members of the governing body (Part VI, line 1a)			9		
G		Number of independent voting members of the governing body (Part VI, line 1b)			8		
S		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)			2		
/itie		Total number of volunteers (estimate if necessary)			88		
Activities & Governance	7a 7	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	73.		
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.		
				Prior Year	Current Year		
Ф	8 (Contributions and grants (Part VIII, line 1h)		428,643.	646,396.		
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.		
leve	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		18.	31.		
ш	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,284.			
	12 7	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		429,945.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		78,608.	120,132.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot\cdot\cdot}$		183,127.	221,112.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		1,600.	0.		
≅xp		Fotal fundraising expenses (Part IX, column (D), line 25) 60,23		106 600	100 720		
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		126,602. 389,937.	128,738. 469,982.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,008.	176,518.		
_ S	19 +	Revenue less expenses. Subtract line 18 from line 12					
let Assets or und Balances	20 7	Fotal assets (Part X, line 16)		ginning of Current Year 391,294.	End of Year 560,489.		
Asse Ball				4,094.	10,753.		
Net / Fund		l otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		387,200.	549,736.		
_	rt II	Signature Block		301,12001	32377301		
		ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of m	y knowledge and belief, it is		
		, and complete. Declaration of preparer (other than officer) is based on all information of whi			,		
		\					
Sign		Signature of officer		Date			
Her		MARGARET BUTLER, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Paid	-	JOLANTA TUCK, CPA JOLANTA TUCK, CF	PA 0	4/17/19 if self-employ	P01340068		
Prep	-	Firm's name KEVIN P MARTIN ASSOCIATES, P.C.		Firm's EIN ▶	04-3097400		
Use	Only	Firm's address 10 FORBES WEST			04 \ 000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		BRAINTREE, MA 02184		Phone no. (7	81)380-3520		
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No		

_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: KOMERA DEVELOPS SELF-CONFIDENT YOUNG WOMEN THROUGH EDUCATION,
	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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 206, 456 • including grants of \$ 120, 132 •) (Revenue \$
	EDUCATION - THE ORGANIZATION SPONSORS SCHOLARS WITH FULL ROOM, BOARD
	AND TUITION AT A PUBLIC BOARDING SCHOOL IN RWANDA. DURING SCHOOL
	HOLIDAYS, SCHOLARS ATTEND CAMPS WHERE THEY RECEIVE TRAINING ON
	REPRODUCTIVE HEALTH, CAREER COUNSELING, LEADERSHIP DEVELOPMENT AND HOW
	TO BE LEADERS WITHIN THEIR COMMUNITIES. ONCE STUDENTS FINISH SCHOOL
	THEY ATTEND THE POST-SECONDARY TRANSITION PROGRAM (PSTP). THE PSTP
	TRAINS THEM IN ENGLISH, ICT, SMALL BUSINESS DEVELOPMENT AND HELPS THEM
	APPLY TO UNIVERSITY. THE ORGANIZATION ALSO SUPPORTS THE UNIVERSITY EDUCATION OF SELECT SCHOLARS.
	EDUCATION OF SELECT SCHOLARS.
4b	(Code:) (Expenses \$ 37,211. including grants of \$) (Revenue \$
	AMPLIFY - IN 2017, THE USA LEADERSHIP OF KOMERA LAUNCHED A SISTER
	INITIATIVE CALLED AMPLIFY. AMPLIFY IS A COLLECTIVE OF ORGANIZATIONS
	WORKING IN COMMUNITIES IN EASTERN AFRICA TO BUILD FEMALE LEADERS BY
	SCALING IDEAS AND BEST PRACTICES THROUGH COLLABORATION. THROUGH
	COLLECTIVE METRICS, THE ORGANIZATION WILL PROVE THAT LOCALLY BASED
	ORGANIZATIONS ARE DELIVERING VALUE FOR GIRLS AND AMPLIFY WILL PROVIDE A
	PLATFORM FOR GLOBAL ENGAGEMENT.
4c	(Code:) (Expenses \$ 96,750 • including grants of \$) (Revenue \$
	COMMUNITY DEVELOPMENT - THE ORGANIZATION BUILDS A LOCAL COMMUNITY OF
	SUPPORT FOR THE SCHOLARS. AT SCHOOL, A SCHOLAR MEETS WITH HER KOMERA
	MENTOR AND FELLOW SCHOLARS ONCE A WEEK. AT HOME, HER PARENTS WORK WITH
	THE KOMERA PARENT CO-OPERATIVE. THEY RECEIVE TRAINING ON HOW TO LAUNCH
	SMALL BUSINESSES TO HELP SUPPORT THEIR FAMILIES AND PROVIDE MODEST
	SCHOOL MATERIALS FOR THE SCHOLARS.
<u> </u>	Other program services (Describe in Schedule O.)
-1 u	(Expenses \$ 17,917 • including grants of \$) (Revenue \$)
_	Table an arrange complete company 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

Form 990 (2017) 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	X	
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		x
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		х
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		Х
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? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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	х	
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		Х
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		v	
	Schedule D, Parts XI and XII	12a	Х	
D	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	ITU		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l <u>.</u> _
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		37	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
	complete Schedule G, Part III	19		X

Form 990 (2017) KOMERA, INC. Part IV Checklist of Required Schedules (continued)

			Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			,,
	Schedule J	23		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	l		v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schodula I 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	230		
20	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			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			7,7
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			. v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the maching of section 513/b)(13)3 If "Yes" complete Schodule P. Part V. line 3	254		
26	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?	26		Х
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
57	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?	51		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
		, 50	_	

27-1581674

Form 990 (2017) KOMERA, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance

Second Comment Seco		Check if Schedule O contains a response or note to any line in this Part V				Ш	
b Enter the number of Forms W-2G included in line 1a. Enter of Find applicable. Did the organization congly with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Einst the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. The find for the calendar year entiting with or within they are covered by the return. 2b If It least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If It least one is reported on line 2a, did the organization file all required federal employment tax returns? 2c It was not file to the organization file all required federal employment tax returns? 2c It was not file to expect the companization file all required federal employment tax returns? 2c It was not file to expect the companization file all required federal employment as returns? 2d It was not file to expect the companization file and the companization in Schedule O 3d It was not file to expect the companization file file to expect the companization in Schedule O 3d It was not file or expect the companization file file to expect the companization and schedule or a signature or other authority over, a financial accounts (FBAR). 5d Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5d Was the organization a party to a prohibited tax shefter transaction at any time during the tax year? 5d Did any taxable party nority the organization file from 8888 17 6d Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible a contributions under section 170(c). 5d If "Yes," foil the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d If the organization receive a			1 2		Yes	No	
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming generalized for the calendar year ending with or within the year covered by this return 2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 8 If all least one is reported on line 28, did the organization file all required federal employment ex returns? 8 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 8 Did the organization have unrealed business gross income of \$1,000 or more during the year? 9 3a	1a						
gambling) winnings to prize winners? 8 Effect the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 10 If all tases on is reported on line 2a, did the organization life all required federal employment tax returns? 2 In If all tases on it is protected on line 2a, did the organization life all required federal employment tax returns? 3 In Old the organization have unrelated business gross income of \$1,000 or more during the year? 3 In If "Yes," has it fled a Form 990-Tr for this year "I" No," to fine 80, provide an explanation in Schedule 0 3 In If "Yes," and it fled a Form 990-Tr for this year "I" No," to fine 80, provide an explanation in Schedule 0 3 In If "Yes," enter the name of the foreign country [w.l. has a bank account, securities account, or other financial accounts? 4 In It was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 If "Yes," enter the name of the foreign country [w.l. has a bank account, securities account, or other financial accounts (FBAR). 5 If "Yes," enter the name of the foreign country [w.l. has a bank account, securities account, or other financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a bank account, securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a bank account, securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a bank account, securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a securities and Financial accounts (FBAR). 5 In If "Yes," enter the name of the foreign country [w.l. has a securities and financial accounts (FBAR). 6 In If "Yes," enter the animal part of the organization has a country [w.l. has a contribution or a contribution of a contribution of a contribution of			ib °				
Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, for the calendary are anding with or within the year covered by this resturant. By If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) By If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Note that of the year? If "No," to line 3b, provide an explanation in Schedule O By If "Yes," that it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O By If "Yes," that it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O By If "Yes," that it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O By If "Yes," that it is a foreign country, year, and the second of the companies of the filed of the year? If year, and the second of the second of the year of the year? By If "Yes," that the name of the foreign country, P. RWANDA By If "Yes," the line 5a or 5b, did the organization file Form 888-T7 By If "Yes," the line 5a or 5b, did the organization file Form 888-T7 By If "Yes," the line 5a or 5b, did the organization file Form 888-T7 By If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? By If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? By If "Yes," did the organization notity the donor of the value of the goods or services provided? By If If yes, "Indicate the number of Forms \$382 filed during the year Cold the organization section and participation of the value of the goods or services provided? By If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? By	С				v		
tiled for the calendary year ending with or within the year covered by this return. 1	_			1c	Λ		
b If a least one is reported on line 2a, did the organization flie all required federal employment tax returns? Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A tan yit me during the calendary year, did the organization have an inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accountly? 4a X b If Yes, "the intert the name of the foreign country, ** RWANDA* See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Uid any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6c If Yes, "to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 6d Does the organization neal variety and the foreign state of the sea of the organization solicit any contributions that were not tax deductible as charitable contributions? 6c If Yes, "to line 5a or 5b, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that many receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of 35 made party sa a contribution of 20 party of prohibition and partly for goods and services provided to the payor? 7 Teve," did the organization neceive apparent in excess of 35 made party sa a contribution of prohibition of the value of the goods or services provided? 7 Teve," of the organization received any funds, directly or indirectly, to pay premiums	2a	· · · · · · · · · · · · · · · · · · ·	2				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Dit the organization have unrelated business gross across more of \$1,000 more during the year? 3b If Yees,* list filled a Form 990 1 for this year? If Yeo,* to fire \$50, provide an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ► RWANIDA 5b If Yees,* enter the name of the foreign country. ► RWANIDA See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c If Yees,* or line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5b X 5c If Yees,* or line 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction? 5c Dose the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibile as charitable contributions? 6c Organizations that may receive deductible contributions under section 170(c). a bill the organization start may receive deductible contributions under section 170(c). b If Yees,* indicate the number of Forms 8282 filed during the year 7c Draw If Yees,* indicate the number of Forms 8282 filed during the year 8d If Yees,* indicate the number of Forms 8282 filed during the year 9 Did the organization neceived an contribution of caris, boats, singhible personal benefit contract? 7c X 7d Did the organization received an contribution of caris, boats, singhible, so previously for which it was required to tile Form 8282? 9 Did the sponarization, device the contribution of caris, boats, singhible, so the organization file Form 8289 as required?, In If the organizat		·			v		
3a X M M M M M M M M M	D			20	Λ		
b if "Yes," has it flied a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of "Yes," enter the name of the foreign country. ► RWANIDA See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filing requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for this requirements for FincKH Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for this requirements for Finc 89861? See instructions that were not such securities a charactele contributions. If Yes, 'in the Sa or 5b, did the organization file Form 89861? See the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutibles. If Yes, 'idl the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. Organizations that may receive deductible contributions under section 170(c). If If Yes, 'idl the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles. Organizations that may receive deductible contributions under section 170(c). If If Yes, 'idl the organization notify the donor of the value of the goods or services provided? To Bid the organization sell express or otherwhole and partly for goods and services provided to the payor? To Bid the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To Bid the organiz	2-			0-		y	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account;? b If "Yes," enter the name of the foreign country; \(\) \\ \ \ \						- 22	
transcial account in a foreign country (such as a bank account, securities account, or other financial account)? b (if "Yes," enter the name of the foreign country:		·		SD			
b If "Yes," enter the name of the foreign country: ▶ RWANDA Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions of filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Sae instructions of him and the programment of the short short in the same short in th	-t a		•	42	x		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If Yes," did the organization notify the donor of the value of the goods or services provided? 7 The C Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6 If "Yes," indicate the number of Forms 8282 filed during the year 6 Did the organization received an contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 If Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 5 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders b Gross receipts, included on Form 900, Part VIII, line 12, for publ	h		account)?	4 a			
Sa X D Did any taxable party not in prohibited tax shelter transaction at any time during the tax year? 5a X D Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If Yes,* 10 line 5a or 5b, did the organization file Form 8886-17? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 7 D X X 7 D IV Yes,* Indicate the number of Forms 8282 filed during the year 9 Did the organization receive any funds, directly, to pay premiums on a personal benefit contract? 8 Sponsoring organization may the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-07 7 D IV X 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: 9 In the organization increase and capital contributions included on Part VIII, line 12 9 Gross receipts, included on Form 90, Part VIII, line 12 9 Gross receipts, included on Form 90,		' 	ccounts (FRAR)				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 ao r 5b, did the organization file Form 8886-17 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization receive apparent in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 8 Dif "Yes," did the organization notify the donor of the value of the goods or services provided? 9 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 10 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 11 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 12 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 13 Sponsoring organizations maintaining donor advised funds. 14 Did the sponsoring organization make any taxable distributions under section 4966? 15 Sponsoring organization make any taxable distributions under section 4966? 16 Gross income from members or shareholders 17 Did the sponsoring organization make any taxable distributions under section 4966? 18 Section 501(c)(12) organizations. Enter: 19 Did the sponsoring organization make any taxable distributions under section 4966? 19 Section 501(c)(12) organizations. Enter: 20 In the fire organization organization in the anomal of the organization filing Form 990 in lieu of Form 1041? 21 Did Gross income from members or shareholders	5a			5a		х	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 1 If "Yes," did the organization notify the donor of the value of the goods or services provided? 2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 4 If "Yes," did cate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If X If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organization maximatining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Gross receipts, included on Form 990, Part VIII, line 12. f Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(7) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitabl							
6a							
b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b ff "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d ff "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 ft Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7 ft Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 ff the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Sponsoring organization maintaining donor advised funds. 9 Sponsoring organization make and stributions under section 4966? 9 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make and stribution to a donor, donor advisor, or related person? 9 Sponsoring organization make and part vill, line 12. 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(72) organizations. Enter: 12 Gross income from members or shareholders 11 Section 501(c)(72) organizations file half insurance issuers. 13 Section 501(c)(72) qualified nonprofit health insurance issuers. 14 Section 501(c)(72) qualified nonprofit health insurance issuers. 15 Section 501(c)(72) qualified nonprofit health insurance issuers. 15 Section 501(c	_						
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 8 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 1 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organizations make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: 1 Initiation fees and capital contributions included on Part VIII, line 12 1 Section 501(c)(27) organizations. Enter: 1 Section 501(c)(27) organizations. Enter: 2 Initiation fees and capital co				6a		Х	
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To X 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 4 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 5 Did the organization and the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 6 Gross income from other sources (Do not the amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a Is the organization licensed to issue qualified health plans in more than one state? Note. S	b						
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7 To X 10 If "Yes," did the organization notify the donor of the value of the goods or services provided? 10 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 2 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 3 Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 4 Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract? 5 Did the organization and the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 6 Gross income from other sources (Do not the amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a Is the organization licensed to issue qualified health plans in more than one state? Note. S		were not tax deductible?		6b			
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7	7						
to file Form 8282? 7c	а	$ Did the organization \ receive \ a payment \ in \ excess \ of \$75 \ made \ partly \ as \ a \ contribution \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ service \ and \ partly \ for \ goods \ and \ goods \ goods \ and \ goods	vices provided to the payor?	7a			
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7th X g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7th X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7th If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make any time during the year? 9 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 10 Did 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from them. Jone expending the vear 11 Did 12 Section 501(c)(29) qualified health plans in more than one state? Note, 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 organization is licensed to issue qualified health plans in more than one state? Note, See the instructions fo	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X		
d if "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f Did the organization function of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 8 Did the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders a Gross income from members or shareholders b Gross income from members or shareholders a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b If "Yes," enter the amount of reserves the organization 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 organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organizat	С		•				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9a			ı	7c		X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9 b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 1 In It	d					.,	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g	е						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.							
Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? But the sponsoring organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12. Did Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. Did Gross income from members or shareholders. Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). Did Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). Did Heys, "enter the amount of tax-exempt interest received or accrued during the year 12b Did Heys," enter the amount of tax-exempt interest received or accrued during the year 12b Did Heys, "enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Did Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? Did Heys," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did Heys," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.							
sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c Lib If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b 14b	_			/n			
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12	8						
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b 14c 14d 14b 15c 16c 17d 18d 18d 18d 18d 18d 18d 18d	0			•			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. I Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13a 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		Pid the agree with a constitution made and the state of t		02			
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	h						
a Initiation fees and capital contributions included on Part VIII, line 12	10			0.5			
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: a Gross income from members or shareholders 11a 1b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12b 1f "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12b 12 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a 1s the organization licensed to issue qualified health plans in more than one state? 13a 13a 13b 13b 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 14b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		· · · · · ·	10a				
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	_						
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		·	1				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а	````	11a				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b						
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		amounts due or received from them.)	11b				
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Tac In the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a			
a Is the organization licensed to issue qualified health plans in more than one state? Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
Note. 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 organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	а			13a			
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b							
c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		ı				
14aDid the organization receive any payments for indoor tanning services during the tax year?14aXbIf "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b							
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			I	4.0		v	
	b	IT "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	eu		990	(2017)	

KOMERA, INC. 27-1581674 Form 990 (2017)

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			
	and the design and the magernant		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			110
	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 1b			
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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	۳		
	more members of the governing body?	7a		Х
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		Х
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		Х
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
	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	X	
	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	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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		Х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	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			
	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			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MA , NY , CA			
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)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	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	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	ALISON ANDERSON - 202-670-2545			
	511 DRUID LANE, CHATTANOOGA, TN 37405			

Form **990** (2017)

12190417 758606 15138000

Form 990 (2017) KOMERA, INC. 27-1581674 Page 7

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 week	erage (do not c				is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(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)	compensation from the organization and related organizations
(1) DAVID BOEHMER	5.00	. ,		٠,,					0	
BOARD CHAIRMAN	2.00	Х		Х				0.	0.	0
(2) JOHN HAGARTY	2.00	X		x				0.	0.	0
TREASURER (3) ALI SAMADI	2.00	^		^				0.	0.	0
DIRECTOR	2.00	X						0.	0.	0
(4) ELIZABETH BOHART	2.00	122							0.	0
DIRECTOR	2,00	\mathbf{x}						0.	0.	0
(5) KRISTEN GENGARO	2.00	∺								
DIRECTOR		x						0.	0.	0
(6) LARKIN CALLAGHAN	2.00							-		
DIRECTOR		X						0.	0.	0
(7) VICTORIA REESE	2.00									
DIRECTOR		X						0.	0.	0
(8) JESSICA RIVERA	2.00									
DIRECTOR		Х						0.	0.	0
(9) MARGARET BUTLER	40.00								_	
EXECUTIVE DIRECTOR		Х		Х				59,553.	0.	6,396
		$\left\{ \right.$								
		_								
		_								
		-								
						<u> </u>		1		

Form **990** (2017)

27-1581674 Page 8 KOMERA, INC. Form 990 (2017)

Part VII Section A. Officers, Directors, Tru	istees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week (list any hours for	box	not c	Pos heck ss pe	more erson lirecto	than is bot or/trus	th an stee)	(D) Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC		com	(F) stimate mount other npensa rom the	of ition
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		org an	ganizat d relat anizati	ion ed
1b Sub-total c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							59,553. 0. 59,553.		0.	,		0.
Total number of individuals (including but compensation from the organization								eceived more than \$100),000 of reportab	ole		Yes	No
 3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for 4 For any individual listed on line 1a, is the 	such individual					<i>.</i>				 I	3		Х
and related organizations greater than \$1 5 Did any person listed on line 1a receive o rendered to the organization? If "Yes," co	accrue compe	nsat	ion 1	from	any	/ uni	elat		idual for services	3 	5		X
Complete this table for your five highest of the organization. Report compensation for the organization.										npens	ation	from	
(A) Name and busines	-		ON		VILII	OI W		(B) Description of s		С	(Compe	C) ensatio	n
2 Total number of independent contractors \$100,000 of compensation from the orga		not li	mite	d to	tho	se li:	stec	d above) who received n	nore than				
w 100,000 or compensation from the orga	πεαιιστι					-							

Form **990** (2017)

12190417 758606 15138000

Page 9

27-1581674 KOMERA, INC. Form 990 (2017) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns **b** Membership dues 1b 110,332. c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 536,064 similar amounts not included above 11,150. g Noncash contributions included in lines 1a-1f: \$ 646,396. h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 31. 31. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c 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 c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ 110,332. of contributions reported on line 1c). See 31,366. Part IV, line 18 a Other

(Net income or (loss) from fundraising events	<u></u>	0		
9 ;	a Gross income from gaming activities. See				
	Part IV, line 19 a				
ı	b Less: direct expenses b				
(Net income or (loss) from gaming activities	<u></u>			
10 a	Gross sales of inventory, less returns				
	and allowancesa				
ı	b Less: cost of goods sold b				
(Net income or (loss) from sales of inventory				
	Miscellaneous Revenue	Business Code			
11 :	MERCHANDISE SALE	900099	73.	73.	
ı					
(
(All other revenue				
	Total. Add lines 11a-11d		73.		

31,366.

b Less: direct expenses **b**

Total revenue. See instructions.

73.

12190417 758606 15138000

646,500

27-1581674 Page **10**

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 120,132. 120,132. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 78,325 54,827. 7,833. 15,665. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 22,618. 102,228. 56,993. 22,617. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 7,093. 7,093. Other employee benefits 9 33,466. 27,973. 2,496. 2,997. Payroll taxes 10 Fees for services (non-employees): 11 a Management 1,687. 1,687. Legal 8,875. 8,875. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 4,823. 4,695 128 column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13,288. 5,816. 2,879. 4,593. Office expenses 13 4,619. 4,619. 14 Information technology 15 Royalties 10,733. 3,790. 17,406. 2,883. 16 Occupancy 22,520. 17,325. 928. 4,267. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 5,390. 286. 5,676. Depreciation, depletion, and amortization 22 3,014. 1,174. 1,840. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) PROGRAM SUPPLIES & SUPP 42,344. 38,984. 500. 2,860. С 893. 152. 3,441. 4,486. All other expenses 469,982. 358,334. 51,417. 60,231. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

KOMERA, INC. 27-1581674 Page 11

Form 990 (2017)
Part X Balance Sheet

Part X	X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			270,948.	1	280,945
2	2	Savings and temporary cash investments			61,747.	2	61,777
3	3	Pledges and grants receivable, net			34,500.	3	191,538
4		Accounts receivable, net				4	
5		Loans and other receivables from current and for					
		trustees, key employees, and highest compens	ated en	nplovees. Complete			
		Part II of Schedule L				5	
6	3	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	•	,			
		employers and sponsoring organizations of sec		_			
_γ		employees' beneficiary organizations (see instr)				6	
Assets	7	Notes and loans receivable, net				7	
8 \$		Inventories for sale or use				8	
9		Prepaid expenses and deferred charges			2,539.	9	6,330
		Land, buildings, and equipment: cost or other	I I		,		
		basis. Complete Part VI of Schedule D	10a	30,965.			
	b	Less: accumulated depreciation		11,066.	21,560.	10c	19,899
11		Investments - publicly traded securities			•	11	,
12		Investments - other securities. See Part IV, line		12			
13		Investments - program-related. See Part IV, line		13			
14		Intangible assets		14			
15		Other assets. See Part IV, line 11				15	
16		Total assets. Add lines 1 through 15 (must equ	391,294.	16	560,489		
17		Accounts payable and accrued expenses			4,094.	17	10,753
18		Grants payable		•	18	, , , , , , , , , , , , , , , , , , ,	
19		Deferred revenue			19		
20		Tax-exempt bond liabilities				20	
21		Escrow or custodial account liability. Complete				21	
		Loans and other payables to current and former					
<u> </u>	_	key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
ة ₂₃	3	Secured mortgages and notes payable to unrela				23	
24		Unsecured notes and loans payable to unrelate				24	
25		Other liabilities (including federal income tax, pa					
-		parties, and other liabilities not included on lines					
		Schedule D		•		25	
26	3	Total liabilities. Add lines 17 through 25			4,094.	26	10,753
		Organizations that follow SFAS 117 (ASC 958					,
ဖွာ့		complete lines 27 through 29, and lines 33 ar		,			
ğ ₂₇	7	Unrestricted net assets			344,027.	27	318,351
82 28		Temporarily restricted net assets			43,173.	28	231,385
n 5 29	9					29	
5		Organizations that do not follow SFAS 117 (A					
5		and complete lines 30 through 34.					
30)	Capital stock or trust principal, or current funds		Г		30	
2 31		Paid-in or capital surplus, or land, building, or ed				31	
27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20		Retained earnings, endowment, accumulated in				32	
ž 33		Total net assets or fund balances			387,200.	33	549,736
34		Total liabilities and net assets/fund balances			391,294.	34	560,489

Form **990** (2017)

27-1581674 Page **12** KOMERA, INC. Form 990 (2017)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			00.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			82.	
3	Revenue less expenses. Subtract line 2 from line 1	3			18.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	38	7 <u>,</u> 2	00.	
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			82.	
9						
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	54	9,7	36.	
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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	X		
	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:					
	X 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 the	e audit,				
review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain 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	ired audit				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			
			Form	990	(2017)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

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 12, 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving 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. 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. 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 listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.			
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	004 045	242 440	200 000	100 610	646 206				
4	Total. Add lines 1 through 3	234,947.	343,410.	382,288.	428,643.	646,396.	2,035,684.			
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,						E 4 0 2 4 E			
	column (f)						548,347.			
	Public support. Subtract line 5 from line 4.						1,487,337.			
	Section B. Total Support									
	ndar year (or fiscal year beginning in)	(a) 2013 234, 947.	(b) 2014 343,410.	(c) 2015 382, 288.	(d) 2016 428,643.	(e) 2017 646, 396.	(f) Total			
	Amounts from line 4	234,947.	343,410.	302,200.	420,043.	040,390.	2,035,684.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,	51.	34.	18.	18.	31.	152.			
_	and income from similar sources	31.	24.	10.	10.	31.	134.			
9	Net income from unrelated business									
	activities, whether or not the									
10	business is regularly carried on									
10	Other income. Do not include gain or loss from the sale of capital									
	•		453.	1,287.	1,284.	73.	3,097.			
11	assets (Explain in Part VI.)		1331	1/20/1	1/2010	, 5 0	2,038,933.			
12	Gross receipts from related activities,	etc (see instruction	ons)			12	2,000,000,			
13	First five years. If the Form 990 is for			d fourth or fifth ta						
.0	organization, check this box and stor				•					
Sec	ction C. Computation of Publ									
	Public support percentage for 2017 (column (f))		14	72.95 %			
15	Public support percentage from 2016					15	82.22 %			
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organization	· 			▶ X			
b	33 1/3% support test - 2016. If the o						is box			
	and stop here. The organization qual						>			
17a	10% -facts-and-circumstances tes						or more,			
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Pa	rt VI how the organ	ization			
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization					
b	10% -facts-and-circumstances tes									
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the				
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	>			
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s 🕨 🔲			

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Pub	olic Support	siow, picade com	piete i urt ii.j				
	cal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, o	· · · · · · · · · · · · · · · · · · ·	. ,	` ` `	` ` `	<u> </u>	` '	``
. •	ees received. (Do not						
•	nusual grants.")						
2 Gross receipts merchandise s formed, or faci any activity the	s from admissions, sold or services per- ilities furnished in at is related to the tax-exempt purpose						
-	from activities that						
•	elated trade or bus-						
	levied for the organ-						
	fit and either paid to						
•							
furnished by a	ervices or facilities governmental unit to						
	on without charge						
	es 1 through 5						
	nded on lines 1, 2, and maisqualified persons						
from other than dis exceed the greater	on lines 2 and 3 received qualified persons that of \$5,000 or 1% of the for the year						
c Add lines 7a a	nd 7b						
	rt. (Subtract line 7c from line 6.)						
Section B. Tota	al Support						
Calendar year (or fise	cal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
10a Gross income dividends, pay securities loan	from interest, rments received on s, rents, royalties, om similar sources						
b Unrelated busine	ess taxable income						
(less section 51 acquired after Ju	1 taxes) from businesses une 30, 1975						
11 Net income fro activities not in whether or not	and 10bom unrelated business ncluded in line 10b, the business is						
or loss from th	Do not include gain le sale of capital n in Part VI.)						
	Add lines 9, 10c, 11, and 12.)						
14 First five year	s. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	and stop here						>
Section C. Cor	nputation of Publi	c Support Pe	rcentage				
15 Public support	t percentage for 2017 (li	ne 8, column (f) c	livided by line 13,	column (f))		15	%
	t percentage from 2016					16	%
Section D. Cor	nputation of Inves	tment Incom	e Percentage				
17 Investment inc	come percentage for 20	17 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18 Investment inc	come percentage from 2	.016 Schedule A,	Part III, line 17			18	%
	ort tests - 2017. If the					33 1/3%, and line	17 is not
	1/3%, check this box ar						
b 33 1/3% supp	port tests - 2016. If the more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	ation. If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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		
3a		
3b		
3с		
_		
4a		
4b		
4c		
E-		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
40-		
10a		
10b		

Pa	rt IV	Supporting Organizations (continued)			
		continuedy		Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
_		the governing body of a supported organization?	11a		
h		ily member of a person described in (a) above?	11b		
		6 controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		3. Type I Supporting Organizations	110		
000	tion L	5. Type I oupporting Organizations		Yes	No
4	Did +b	diverters twinters or membership of one or mare supported examinations have the negree to		162	NO
1		e directors, trustees, or membership of one or more supported organizations have the power to			
		arly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
		ear? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		olled the organization's activities. If the organization had more than one supported organization,			
		ibe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		izations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	organ	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	II how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		vised, or controlled the supporting organization.	2		
<u>Sec</u>	tion (C. Type II Supporting Organizations			
				Yes	No
1	Were	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion [D. All Type III Supporting Organizations			
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organ	ization'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			
	organ	ization'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			
	organ	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the or	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	ason of the relationship described in (2), did the organization's supported organizations have a			
	signifi	cant voice in the organization's investment policies and in directing the use of the organization's			
	incom	ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	suppo	orted organizations played in this regard.	3		
Sec	tion E	E. Type III Functionally Integrated Supporting Organizations			
1	Check	k 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	s).	
2		ties Test. Answer (a) and (b) below.		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	apported 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,			
		he organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		ns for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

12190417 758606 15138000

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete \$	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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Par	ιv	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Current Year			
1	Amou				
2	Amou	nts paid to perform activity that directly furthers exemp			
	organi	zations, in excess of income from activity			
3	Admin	istrative expenses paid to accomplish exempt purpose	ns		
4	Amou	nts paid to acquire exempt-use assets			
5	Qualifi	ed 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	Distrib	utions to attentive supported organizations to which the	ne organization is responsive		
	(provid	de details in Part VI). See instructions.			
9	Distrib	utable amount for 2017 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-2017	(iii) Distributable Amount for 2017
1	Distrib	utable amount for 2017 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2017 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2017			
а					
b	From 2	2013			
С	From 2	2014			
d	From 2	2015			
е	From 2	2016			
f	Total	of lines 3a through e			
g	Applie	d to underdistributions of prior years			
h	Applie	d to 2017 distributable amount			
i	Carry	over from 2012 not applied (see instructions)			
j	Remai	nder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	utions for 2017 from Section D,			
	line 7:	\$			
а	Applie	d to underdistributions of prior years			
b	Applie	d to 2017 distributable amount			
С	Remai	nder. Subtract lines 4a and 4b from 4.			
5	Remai	ning underdistributions for years prior to 2017, if			
	any. S	ubtract lines 3g and 4a from line 2. For result greater			
	than z	ero, explain in Part VI. See instructions.			
6	Remai	ning underdistributions for 2017. Subtract lines 3h			
	and 4	o from line 1. For result greater than zero, explain in			
	Part V	I. See instructions.			
7	Exces	s distributions carryover to 2018. Add lines 3j			
	and 4	- I			
8		down of line 7:			
а	Exces	s from 2013			
b	Exces	s from 2014			
		s from 2015			
		s from 2016			
		o from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
MISCELLANEOUS
2014 AMOUNT: \$ 453.
2015 AMOUNT: \$ 1,287.
GAIN ON FOREIGN CURRENCY EXCHANGE
2016 AMOUNT: \$ 1,120.
MERCHANDISE SALE
2016 AMOUNT: \$ 164.
2017 AMOUNT: \$ 73.

Schedule B (Form 990, 990-F7. or 990-PF)

Department of the Treasury

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Internal Revenue Service

Employer identification number

KOMERA, INC. 27-1581674 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** 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 Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______
\$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on 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 certify that it doesn't meet 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) (2017)

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Nume, address, and Zir + 4	\$ 15,000.	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
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions - \$ 21,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 25,000.	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
6	raine, addi ess, and Ell ^e T T	\$ 31,300.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number 27-1581674

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
7		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
8		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
9		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
		Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

KOMERA, INC.

27-1581674

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(0)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u> </u>	\$	 990, 990-EZ, or 990-PF) (2

Name of organization Employer identification number 27-1581674 KOMERA, Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (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, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

12190417 758606 15138000

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

KOMERA, INC.

Employer identification number 27-1581674

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds 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	writing that the assets held in donor advi	ised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
_	impermissible private benefit?		
Par			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (e.g., recreation or e	. —	torically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	ne organization during the tax
	year >		
	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements if		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	• ————————————————————————————————————		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•	> \$		0/1-1/41/171/2
	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
	In Part XIII, describe how the organization reports conservati	•	
	include, if applicable, the text of the footnote to the organization appearation appearation	tion's imancial statements that describes	s the organization's accounting for
Par	conservation easements. t III Organizations Maintaining Collections or	f Art Historical Treasures or C	Other Similar Assets
. u.	Complete if the organization answered "Yes" on Form		Strict Cirmar Addets.
	If the organization elected, as permitted under SFAS 116 (AS		ement and halance sheet works of art
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		ance of public service, provide, in rare xiii,
h	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	ducation, or research in fartherance of pr	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		L \$
			· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical tre		
_		asuras, or other similar assets for financi	ial dain provide
			al gain, provide
	the following amounts required to be reported under SFAS 1 Revenue included on Form 990, Part VIII, line 1	16 (ASC 958) relating to these items:	

Schedule D (Form 990) 2017

	rt III Organizations Maintaining Co		rt. Hist	orical Tr	easures. o	r Oth	er Sim	ilar Asse	ts/continu	ray ued)	C 2
	Using the organization's acquisition, accession								•		
•	(check all that apply):	.,, a., a. a.,	,		.ccg ua.						
а	Public exhibition	c		_oan or exc	hange progra	ms					
b		e		Other	9- 9						
С	Preservation for future generations	_									
4	Provide a description of the organization's col	lections and explai	n how th	ev further t	he organizatio	on's exe	empt pui	pose in Par	t XIII.		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be mai								Yes		No
Par	rt IV Escrow and Custodial Arrang								line 9, or		
	reported an amount on Form 990, Part			· ·							
1a	Is the organization an agent, trustee, custodia	n or other intermed	diary for	contribution	s or other as:	sets no	t include	ed			
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount		
С	Beginning balance						1c				
	Additions during the year										
f	Ending balance										
2a	Did the organization include an amount on For								Yes		No
	If "Yes," explain the arrangement in Part XIII. 0										
Par	rt V Endowment Funds. Complete if	the organization ar	swered	"Yes" on Fo	orm 990, Part	IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two years	s back	(d) Thre	e years back	(e) Four	ears ba	ack
	Beginning of year balance										
	······										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g											
2	Provide the estimated percentage of the curre	ent year end baland	ce (line 1	g, column (a	a)) held as:						
а	·		_%								
b	· —	%									
С	· ,	%									
_	The percentages on lines 2a, 2b, and 2c shou	•									
За	Are there endowment funds not in the posses	sion of the organiz	ation tha	it are held a	ind administer	red for t	the orga	nization	г.		
	by:									Yes I	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organizati								3b		
4 Dai	Describe in Part XIII the intended uses of the or rt VI Land, Buildings, and Equipme		owment i	unas.							
ı aı	Complete if the organization answered) Part IV	/ lino 11a 9	Soo Form 000	Dort V	lino 10				
	Description of property	(a) Cost or o			or other		ccumula		(d) Book	value	
	Description of property	basis (investr			(other)		preciation		(u) book	value	
12	Land	+ ` ` `		54515	(30.131)	ue	p. 50.a.ii				
	Land Ruildings										
	Buildings Leasehold improvements				2,025.			- 	2	,02	5.
					8,940.		11.	066.		,87	
	Other				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					, • ,	
	Add lines 1a through 1a (Column (d) must ea		V ook:	an (D) line 1	100)				1 0	89	a

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 KOMERA, INC			27	-1581674 Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or end	d-of-year market value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		ne 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	4-1			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
	5 000 D 1 N / I	44 446 6	000 5 1 1 1 1 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, II	ne 11e or 11t. See Form (b) Book value	1 990, Part X, line 25).
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total (Column (b) must equal Form 990, Part X, col. (B) lin	0.25)			

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2017

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

2017
Open to Public Inspection

Name of the organization

Employer identification number

KOI	MERA, INC.					27-158167	4
Pai	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "Y	'es" on
	Form 990, Part IV	/, line 14b.					
1				ds to substantiate the amount of its gr			
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assi	stance?	Yes X No
2	For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and of	ther assistance outs	side the
3		he following Part	I, line 3 table ca	an be duplicated if additional space is	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees,	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	(e) If activis a prog describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SIIR-	-SAHARAN AFRICA	1	10		KOMERA OPER FOREIGN FIE RWANDA WHER SUPPORT THE	LD OFFICE IN E THEY	258,840.
<u> </u>	DAHAKAN AFRICA		10	FROGRAM BERVICES	SOFFORT THE	DOCAL	230,040.
3 a	Sub-total	1	10				258,840.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	1	10				258,840.

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

Schedule F (Form 990) 2017

Part II Grants and Other	er Assistance to Org	ganizations or Entities	Outside the United States. C	complete if the o	rganization answered	d "Yes" on Form	990, Part IV, line 15, for	any
recipient who red	ceived more than \$5,	000. Part II can be dupli	cated if additional space is ne	eded.				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of	recipient organization	ne lieted above that are	recognized as charities by the	foreign country	recognized as tay of	vemnt		

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

KOMERA, INC. Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (g) Description of (c) Number of (d) Amount of (e) Manner of (f) Amount of (a) Type of grant or assistance (b) Region cash disbursement noncash assistance recipients cash grant noncash assistance SCHOLARSHIPS, SCHOOL SECONDARY ASSISTANCE INCLUDES SUPPLIES, PERSONAL MATERIALS, TRANSPORTATION, MEDICAL SUB-SAHARAN SCHOOL SUPPLIES. AFRICA 31,259.WIRE 88,873. PERSONAL MATERIALS, NEEDS, AND MEALS 149 COST

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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see 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; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

27-1581674 Page 5

Part V | Supplemental Information

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

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
THE RWANDA TEAM SENDS DETAILED FINANCIAL REPORTS MONTHLY THAT ARE
RECONCILED AGAINST RWANDAN BANK STATEMENTS. THE EXECUTIVE DIRECTOR VISITS
AT LEAST TWICE A YEAR TO MONITOR PROGRAMMING IN PERSON.
PART I, LINE 3, COLUMN (E):
REGION: SUB-SAHARAN AFRICA
(E) SPECIFIC TYPES OF SERVICES IN REGION: KOMERA OPERATES IN A FOREIGN
FIELD OFFICE IN RWANDA WHERE THEY SUPPORT THE LOCAL COMMUNITY.
PART III, COLUMN (G):
REGION: SUB-SAHARAN AFRICA
(G) DESCRIPTION OF NON-CASH ASSISTANCE: SECONDARY ASSISTANCE INCLUDES
SCHOOL SUPPLIES, PERSONAL MATERIALS, TRANSPORTATION TO AND FROM SCHOOL,
MEDICAL NEEDS, AND MEALS. POST-SECONDARY ASSISTANCE INCLUDES RENT
ASSISTANCE, TRANSPORTATION AND MEAL STIPENDS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser from activity (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)	nber
required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a	
a Mail solicitations b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser from activity (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained organization	
b Internet and email solicitations c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) fundraiser listed in col. (ii)	
c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser from activity (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)	
d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser from activity (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser listed in col. (i)	
2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (or retained organization)	
key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained organization)	
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (vi) Amount paid to (or retained by) fundraiser fundraiser listed in col. (i)	
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)	
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained by) fundraiser listed in col. (i)	
or entity (fundraiser) or control of contro	
or entity (fundraiser) or control of contro	aid
instea in coi. (i)	
Vos No	
165 100	
Total	
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration	
or licensing.	
	—
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule G (Form 990 or 990-EZ)	2017

Schedule G (Form 990 or 990-EZ) 2017 KOMERA, INC. 27-1581674 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr				ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				KOMERA		(add col. (a) through
			RUN THE WORL	COCKTAIL	2	col. (c))
Φ			(event type)	(event type)	(total number)	001. (0))
Revenue						
Şe v	1	Gross receipts	77,990.	18,452.	45,256.	141,698.
ш						
	2	Less: Contributions	57,596.	15,176.	37,560.	110,332.
	3	Gross income (line 1 minus line 2)	20,394.	3,276.	7,696.	31,366.
	4	Cash prizes				
			11 150			11 150
"	5	Noncash prizes	11,150.			11,150.
Direct Expenses			F 1.C.4		200	F 464
per	6	Rent/facility costs	5,164.		300.	5,464.
Ω̈́	_		2 200	2 702	900.	E 002
9	7	Food and beverages	2,200.	2,783.	900.	5,883.
			1,880.	493.	328.	2,701.
		Entertainment	1,000.	493.	6,168.	6,168.
	9	Other direct expenses	O in column (d)			31,366.
		Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from li				0.
Pa				990. Part IV. line 19. or		<u></u>
		\$15,000 on Form 990-EZ, line 6a.			roportou moro unum	
		* · · · · · · · · · · · · · · · · · · ·		(b) Pull tabs/instant		(d) Total gaming (add
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
Œ	1	Gross revenue				
Ś	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
岩						
jreć	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
					_	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
_						
		ter the state(s) in which the organization condu the organization licensed to conduct gaming a	-	ototoo?		Yes No
						res No
D	11	No," explain:				
	_					
10a		ere any of the organization's gaming licenses re	evoked suspended or te	erminated during the tax	vear?	Yes No
h till/coll ovelein.						
		Maa II avelaia.	•	_	•	
		Yes," explain:	•	_	•	

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	nedule G (Form 990 or 990-EZ) 2017 KOMERA, INC. 27-3	1581	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:		ı	
á	The organization's facility	13a		%
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address >			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ►\$			
(If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name ▶			
	Name			
	Gaming manager compensation > \$			
	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
k	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,	lines 9,	9b, 10)b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G (Form 990 or 990-EZ) KOMERA, INC.	27-1581674 Page 4
Schedule G (Form 990 or 990-EZ) KOMERA, INC. Part IV Supplemental Information (continued)	

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

KOMERA, INC. **Employer identification number** 27-1581674

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: SPORT - THE ORGANIZATION IS UNIQUE BECAUSE OF ITS EMPHASIS ON EMPOWERMENT THROUGH SPORT. KOMERA PARTNERS WITH LOCAL PRIMARY STUDENTS (BOYS AND GIRLS) IN P5 TO TEACH THEM ABOUT HEALTH, THEIR RIGHTS AND HOW TO TREAT EVERYONE REGARDLESS OF THEIR GENDER WITH RESPECT THROUGH SOCCER. KOMERA ALSO WORKS WITH TEEN MOTHERS IN THE COMMUNITY ENGAGING THEM IN YOGA AND COMMUNITY SELF-HELP GROUPS. YOUNG WOMEN MEET ONCE A WEEK WITH A KOMERA TRAINED COMMUNITY BASED MENTOR WHO HELPS THEM ACHIEVE THEIR GOALS. KOMERA ALSO ENGAGES WITH THE BROADER COMMUNITY ON SPORT FOR CHANGE THROUGH RUNNING. ONCE A YEAR THE ORGANIZATION HOSTS A COMMUNITY FUN RUN WITH THE ENTIRE COMMUNITY. QUARTERLY, KOMERA STAFF HOSTS FUN RUNS AND GAMES WITH PARENTS OF THE PROGRAM TO ENGAGE IN POSITIVE COMMUNITY BEHAVIORS TOWARDS YOUNG WOMEN. EXPENSES \$ 17,917. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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 AND ANY STAFF MEMBER WITH SIGNIFICANT DECISION MAKING AUTHORITY ARE REQUIRED TO DISCLOSE ANY CONFLICT OF INTEREST ANNUALLY.

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

Schedule O (Form 990 or 990-EZ) (2017)

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization KOMERA, INC.	Employer identification number 27-1581674
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINAN	NCIAL STATEMENTS
AVAILABLE TO THE PUBLIC, UPON REQUEST, AND THE FORM 990	IS AVAILABLE ON THE
WEBSITE GUIDESTAR.ORG.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
FOREIGN EXCHANGE LOSS	-13,982.