PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

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

A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change KOBO INC Name change 37-1934868 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 37 HIGHLAND AVE 781-622-5930 1,854,380. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 02139 CAMBRIDGE, MA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PATRICK VINCK Yes X No for subordinates? SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.KOBOTOOLBOX.ORG H(c) Group exemption number **K** Form of organization: **X** Corporation Association Other L Year of formation: 2019 M State of legal domicile: MA ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: KOBO EMPOWERS NONPROFITS **Activities & Governance** GLOBALLY WITH OPEN-SOURCE TECHNOLOGY AND DATA-DRIVEN SUPPORT. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 6 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h **Prior Year Current Year** 252,945. 1,291,319. Contributions and grants (Part VIII, line 1h) 8 767,318. 560,115. Program service revenue (Part VIII, line 2g) 0. 2.946. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,854,380 1,020,263. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 341,303. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 1,201,267. 1,488,045. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,201,267. 1,829,348. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -181,004. 25,032. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 639,076. 721,054. Total assets (Part X, line 16) 372,653. 429,427 21 Total liabilities (Part X, line 26) 三年 266,423. 291,627 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PATRICK VINCK, DIRECTOR Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 11/13/24 P01271193 CASSE TATE CASSE TATE self-employed Paid Firm's name KSM BUSINESS SERVICES, Firm's EIN 35-2123203 Preparer Firm's address PO BOX 40857 Use Only Phone no. 317.580.2000 INDIANAPOLIS, IN 46240 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

37-1934868 Page **2** Form 990 (2023) KOBO INC

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: TO HOST AND MAINTAIN KOBOTOOLBOX AND TO SUPPORT OPEN SOURCE DATA	
	SYSTEMS AND TECHNOLOGY FOR HUMANITARIAN ACTION, DEVELOPMENT,	—
	ENVIRONMENTAL PROTECTION, PEACE BUILDING, AND HUMAN RIGHTS.	
	ENVIRONMENTAL INCIDENTIAL POLICE POLICE INCIDENTIAL INCIDENTIAL PROPERTY OF THE PROPERTY OF TH	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	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 \$1,600,045.	<u>•</u>)
	COLLECTED OVER 250 MILLION SURVEY SUBMISSIONS IN OVER 240 COUNTRIES AND	
	TERRITORIES WORLDWIDE. KOBO INC. DIRECTLY SUPPORTED DOZENS OF	—
	ORGANIZATIONS, PARTICULARLY IN LOW- AND MIDDLE-INCOME COUNTRIES,	—
	THROUGH TRAINING, DATA ANALYSIS, AND TECHNICAL ASSISTANCE, ENABLING	
	THEM TO COLLECT AND ANALYZE CRUCIAL DATA FOR HUMANITARIAN, DEVELOPMENT,	
	AND CRISIS RESPONSE PURPOSES.	
4b	(Code:) (Expenses \$ including grants of \$	
40	(Code:) (Expenses \$	— [']
		—
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		— ′
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 1,600,045.	
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Form 990 (2023) KOBO INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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 Rev. Proc. 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	<u> </u>		
	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		1
0	, ,			x
_	Schedule D, Part III	8		
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_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		X
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		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	Х	
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		X
14a	Did the approximation projection on office approximation of the Helbert Obstace	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			<u></u> -
D	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	175		
13	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	13		1
16		46		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			 ₩
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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,"			
	complete Schedule G, Part III	19		X
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		
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

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Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's curre	nt		
	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		X
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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			۱
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			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			١
	Schedule L, Part I	<u>25b</u>	-	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٦,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed	l l		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% cont			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part I	'II 27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	000		x
h	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive more than \$25,000 in noncash continuously. If Yes, complete Schedule W			<u> </u>
30		30		х
31	contributions? If "Yes," complete Schedule M 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? <i>If</i> "Yes," <i>complete</i>	······		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	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	I		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizations.			
-	If "Yes," complete Schedule R, Part V, line 2			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 on Schedule O for Part VI, lines 11b and 19?			
		38	Х	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No

	Check if Schedule O contains a response of hote to any line in this Fart v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	12			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
		1		Yes	No
2 a	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	4		١
	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?			X
					X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 0		3b		+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	· · · · · · · · · · · · · · · · · · ·			,,
	financial account in a foreign country (such as a bank account, securities account, or other financial account, or	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country		-		
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	,	F-0		Х
			- 1		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for the line for the line for the did the organization file form 9886 T2		—		+
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		. 30		+-
ua			6a		X
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		· Joa		+
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		- U.S.		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payo	r? 7a		х
		.ooo promada to and payo			\top
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?	·	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7е		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ion file a Form 1098-C	? <u>7h</u>		\perp
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		. 8		\perp
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		. <u>9a</u>		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		_
	Section 501(c)(7) organizations. Enter:	ı			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	_		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	_		
	Section 501(c)(12) organizations. Enter:	1			
	Gross income from members or shareholders	11a	_		
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	146			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b 10412	120		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	IZD			
			13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.		. 100		
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			
С	Enter the amount of reserves on hand	13c			
	Did the appropriation and the second of the fact that the second of the		14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		441		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations.				1
	excess parachute payment(s) during the year?		. 15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16	\perp	X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities			

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

If "Yes," complete Form 6069.

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

	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	5		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	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	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on 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	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	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			
	on Schedule O how this was done	12c	X	
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		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	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 PATRICK VINCK - 781-622-5930			
	37 HIGHLAND AVE, CAMBRIDGE, MA 02139			

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

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

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

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

Check this box if neither the organization		orga	niza			nper	sate			
(A)	(B)			D=:	C)			(D)	(E)	(F)
Name and title	Average	(do	Positi (do not check mo				one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	is botl or/trus	n an	compensation	compensation	amount of
	week	-	T		T	T	100)	from	from related	other
	(list any hours for	lirect				L		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	9e or (stee			nsatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		oyee	n be		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	ъ	Key employee	Highest compensated employee	Jer .			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) TINO KREUTZER	2.00								_	_
CHIEF OPERATING OFFICER				Х		_		167,825.	0.	0.
(2) PATRICK VINCK	2.00								_	_
OFFICER		Х		Х				0.	0.	0.
(3) PHUONG PHAM	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(4) MICHAEL VANROOYEN	2.00									_
DIRECTOR		Х				_		0.	0.	0.
(5) PETER BOUCKAERT	2.00	l								
DIRECTOR		Х				_		0.	0.	0.
(6) BOB KITCHEN	2.00	l								
DIRECTOR		Х				_		0.	0.	0.
(7) K.A.M. MORSHED	2.00	l								
DIRECTOR		Х				├		0.	0.	0.
		-								
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Form 990 (2023)

16591113 757887 66883.000

Form	990 (2023) KOBO INC									37-193	4868 Page 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)	_
	(A) Name and title	(B) Average hours per week	box	not cl	Pos heck ss per	rson i	than dis both	n 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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
									167,825.	0	. 0.
С	Subtotal Total from continuation sheets to Part VII	, Section A							167,825.	0	. 0.
2	Total (add lines 1b and 1c) Total number of individuals (including but no proposition from the expenienting								•		., <u></u> 1
	compensation from the organization	divoctor twicts		· • · • •		0.10		hia	shoot componented own	lavas an	Yes No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si	uch individual									3 X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150	,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual		4 X
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," comtion B. Independent Contractors	=				-					5 X
1	Complete this table for your five highest con	•	-							· · · · · ·	sation from
	the organization. Report compensation for t (A) Name and business	•	ear e	endin	ng w	ith c	or wi	thin	the organization's tax y (B) Description of s		(C) Compensation
	SZEK PIETRZAK GORZANSKA, 03-965 WARSZ		Τ.Δ	MD				- 1	PROFESSIONAL SERVICES	CIVICCS	117,990.
JOI	IN MILNER 37 SAINT PAUL ST, BALTI					<u>۔۔۔</u> ۵			PROFESSIONAL SERVICES		104,719.
<u> </u>	, DAINI IAOU DI, DAUII	MORE, M.	<u></u>	<u>4</u>	<u>4 </u>	<u>-</u>		Ť	DHILL I CHO		101,119.
								1			
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to	thos	_	ted	above) who received mo	ore than	
	,										Form 990 (2023)

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Statement	of Revenue
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			Check if Schedule O	cont	tains	a respo	nse d	or note to any lin				
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
SS	1	a	Federated campaigns			1a						
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						-			
9			Fundraising events						-			
ffs,									-			
ig ig						•						
Sir.			Government grants (contract and arithment grants arithment grants arithment grants arithment grants are grants)						-			
utio		T	All other contributions, gifts,				1	201 210				
			similar amounts not included					<u> 291,319.</u>	-			
ont		_	Noncash contributions included in	lines	1a-1f	1g \$	<u> </u>		1 201 210			
O g		n	Total. Add lines 1a-1f						1,291,319.			
				RTTT	177			Business Code	E60 11E	E60 11E		
<u>ic</u>	2		CONTRACT REVE				_	541511	560,115.	560,115.		
Program Service Revenue		b					_					
n S		С										
ran 3ev		d					_					
o L		е										
۵			All other program service						FC0 11F			
\longrightarrow		g	Total. Add lines 2a-2f						560,115.			
	3		Investment income (include	_				•	2 046			2 046
			other similar amounts)						2,946.			2,946.
	4		Income from investment of			•		roceeds				
	5		Royalties	·				(*) 5				
						(i) Real		(ii) Personal	-			
	6		Gross rents	6a					-			
			Less: rental expenses						-			
		c Rental income or (loss) 6c										
			Net rental income or (loss)			<u></u>					
	7	а	Gross amount from sales of		(i)	Securit	ies	(ii) Other	-			
			assets other than inventory	7a	Ч				-			
		b	Less: cost or other basis									
an l			and sales expenses		_				-			
Ver		С	Gain or (loss)	7с	:							
ther Revenue			Net gain or (loss)									
her	8	а	Gross income from fundraisi	-		-						
٥∣			including \$			of						
			contributions reported on									
			Part IV, line 18				8a		-			
			Less: direct expenses				8b					
			Net income or (loss) from			-	$\overline{}$					
	9	а	Gross income from gamin	-								
			Part IV, line 19				9a		-			
			Less: direct expenses				9b					
			Net income or (loss) from				<u></u>					
	10	а	Gross sales of inventory,									
			and allowances				10a		-			
			Less: cost of goods sold				10b					
\dashv		С	Net income or (loss) from	sale	es of i	inventor	у	Business Osd				
S		_						Business Code				
ne e	11											
lar		b										
Miscellaneous Revenue		۲ C	All other revenue									
Ξ			Total. Add lines 11a-11d					<u> </u>				
	12		Total revenue. See instruction						1,854,380.	560,115.	0.	2,946.
				,,,,					,,	, = =		

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Form **990** (2023)

Form 990 (2023) KOBO INC Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon-				
	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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	167 005	167 005		
	trustees, and key employees	167,825.	167,825.		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	151 007	107 100	11 707	
7	Other salaries and wages	151,827.	107,120.	44,707.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	10 200	E 057	1 122	
9	Other employee benefits	10,280. 11,371.	5,857. 7,307.	4,423.	
10	Payroll taxes	11,3/1.	1,301.	4,004.	
11	Fees for services (nonemployees):				
a	Management	47,885.		47,885.	
b	Legal	88,997.		88,997.	
C	Accounting	00,557.		00,001.	
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	21,923.	2,993.	18,930.	
12	Advertising and promotion				
13	Office expenses	14,641.	3,283.	11,358.	
14	Information technology	272,880.	272,880.		
15	Royalties				
16	Occupancy	12 011	12 011		
17	Travel	13,211.	13,211.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) DEVELOPER SERVICES	1,014,336.	1,014,336.		
a b	DUES AND SUBSCRIPTIONS	8,415.	±,0±±,000•	8,415.	
C	STRIPE FEES	5,233.	5,233.	0,410	
d	QUICKBOOKS	524.	3,2331	524.	
	All other expenses	521			
25	Total functional expenses. Add lines 1 through 24e	1,829,348.	1,600,045.	229,303.	0.
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 (2023

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Form 990 (2023)
Part X Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	588,774.	1	580,819
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	109,887
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
À	9	Prepaid expenses and deferred charges	17 07/	9	27,712
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	<u>0.</u>	11	2,636.
	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 33)	639,076 .	16	721,054.
	17	Accounts payable and accrued expenses	114,748.	17	175,647.
	18	Grants payable		18	
	19	Deferred revenue		19	253,780.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
iabi		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	100 105
	26	Total liabilities. Add lines 17 through 25	372,653.	26	429,427.
"		Organizations that follow FASB ASC 958, check here			
če		and complete lines 27, 28, 32, and 33.	0.55 400		004 605
<u>la</u>	27	Net assets without donor restrictions		27	291,627.
B	28	Net assets with donor restrictions	<u>.</u>	28	
n n		Organizations that do not follow FASB ASC 958, check here	J		
Ē		and complete lines 29 through 33.			
S S	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	001 11=
Š	32	Total net assets or fund balances		32	291,627.
	33	Total liabilities and net assets/fund balances	639,076.	33	721,054.

Form **990** (2023)

Form 990 (2023) KOBO INC 37-1934868 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,85		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,82	9,3	<u>48.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		5,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	26	6,4	23.
5	Net unrealized gains (losses) on investments	5		1	72.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	29	1,6	27.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
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	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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	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 on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

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.

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

Inspection **Employer identification number**

OMB No. 1545-0047

KOBO INC 37-1934868 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 10 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 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 above (see instructions))

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Schedule A (Form 990) 2023 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		_	_	_	_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I		•	column (f))		14	<u>%</u>
	Public support percentage from 2022					15	<u>%</u>
16a	33 1/3% support test - 2023. If the				14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		•				
k	33 1/3% support test - 2022. If the				I line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact				•	VI how the organiz	zation
	meets the facts-and-circumstances te	-		*	-		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets the				-		
40	organization meets the facts-and-circle						H
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 1/a, or 17b	o, check this box a		(Form 000) 2022

Schedule A (Form 990) 2023

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

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

Sed	ction A. Public Support		,					
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")		752,987.	520,779.	806,725.	1291319.	3371810.	
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	97,635.		70.045.	213,539.	560.115.	941.334.	
3	Gross receipts from activities that	3,,0000		, 0 , 0 1 0 0		300,220	312,0010	
Ū	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	97,635.	752,987.	590,824.	1020264.	1851434.	4313144.	
7 <i>a</i>	Amounts included on lines 1, 2, and 3 received from disqualified persons		751,609.	520,779.	803,780.	1284093.	3360261.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the			46 104	147,403.	228 780	122 287	
_	amount on line 13 for the year Add lines 7a and 7b		751,609.		951,183.		3782548.	
	Public support. (Subtract line 7c from line 6.)		731,003	300,003.	JJI,10J.	1312073.	530,596.	
Sec	etion B. Total Support						330,330.	
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
	Amounts from line 6	97,635.	752,987.	590,824.	1020264.	1851434.	4313144.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					2,946.	2,946.	
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b					2,946.	2,946.	
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.)	97,635.	752,987.	590,824.	1020264.	1854380.	4316090.	
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	·	
	check this box and stop here						X	
Sec	ction C. Computation of Publi	c Support Per	centage					
	Public support percentage for 2023 (li		•	olumn (f))		15	%	
	Public support percentage from 2022					16	%	
	ction D. Computation of Inves							
	Investment income percentage for 20					17	%	
	8 Investment income percentage from 2022 Schedule A, Part III, line 17							
19a							r is not	
b	more than 33 1/3%, check this box are 33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a		
	line 18 is not more than 33 1/3%, chec							
20	Drivate foundation If the organization	n aid not chock a l	20 v on line 1/1 10c	or Tub chack th	ic nov and can incl	ructions	1 1	

37-1934868 Page 4

Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

KOBO

INC

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
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	3b		
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Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	110		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1		
			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	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
L	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Schedule A (Form 990) 2023

KOBO INC

Pa	rt V 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 I	Part VI). See instructions.			
	All other Type III non-functionally integrated supporting organizations must	complete	Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
_1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
_4	Add lines 1 through 3.	4					
_5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
_7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
_2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
_5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see						

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

d Excess from 2022e Excess from 2023

Schedule A	(Form 990) 2023 KOBO INC	3/-1934000 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a 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; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Schedule B (Form 990) (2023)

Employer identification number

37-1934868 KOBO INC 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 X 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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).

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

Schedule B (Form 990) (2023)

Name of organization Employer identification number

KOBO INC 37-1934868

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$92,213.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	* \$ 127,327.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization

Employer identification number

KOBO		
	INC	

37-1934868

	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. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art 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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** KOBO INC 37-1934868 Part III 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 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 (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 (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 Inspection

Name of the organization

Employer identification number 37-1934868

	KOBO INC				37-1934868
Par	t I Organizations Maintaining Donor Advised	d Funds or Other S	imilar Funds	or Accour	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.			
		(a) Donor advise	ed funds	(b) Fur	nds and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				_
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	ald in donor advis	ed funds	
3	are the organization's property, subject to the organization's	-			Yes No
6					les live
6	Did the organization inform all grantees, donors, and donor action of the charitable purposes and not for the benefit of the donor or				
	• •	•		J	□ vaa □ Na
Par	impermissible private benefit? t II Conservation Easements. Complete if the org				Yes No
			s" on Form 990,	Part IV, line 7	•
1	Purpose(s) of conservation easements held by the organization	_	7		
	Preservation of land for public use (for example, recreat	tion or education)	_		important land area
	Protection of natural habitat			f a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization held a qualification of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the organization of the complete lines 2a through 2d if the complete lines 2a throu	ied conservation contrib	ution in the form	of a conserva	
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included on line 2	a	2c	
d	Number of conservation easements included on line 2c acqui	ired after July 25, 2006,	and not		
	on a historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				during the tax
	year				
4	Number of states where property subject to conservation eas	sement is located			
5	Does the organization have a written policy regarding the peri		tion, handling of		
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I				ements during the year
		,	· ·		Ç
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and er	forcing conserva	tion easemen	ts during the year
	3, 1 3,	3	3		3 , , ,
8	Does each conservation easement reported on line 2d above	satisfy the requirements	of section 170(h	n)(4)(B)(i)	
_	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
5	balance sheet, and include, if applicable, the text of the footn		•		
	organization's accounting for conservation easements.	ote to the organization s	illianciai statem	crits triat desi	Shibes the
Par		Art. Historical Tre	asures. or O	ther Simila	r Assets.
	Complete if the organization answered "Yes" on Form				
10	If the organization elected, as permitted under FASB ASC 958		onus statament a	and halanas a	hoot works
Ia		•			
	of art, historical treasures, or other similar assets held for pub	*	•		public
	service, provide in Part XIII the text of the footnote to its finan				
р	If the organization elected, as permitted under FASB ASC 958				
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furtl	nerance of pu	blic service,
	provide the following amounts relating to these items.				
	(i) Revenue included on Form 990, Part VIII, line 1				\$
					\$
2	If the organization received or held works of art, historical treat			ıl gain, provid	е
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:		
а	Revenue included on Form 990, Part VIII, line 1				\$
	Assets included in Form 990, Part X				\$
	For Paperwork Reduction Act Notice, see the Instructions				Schedule D (Form 990) 2023

37-1934868 Page 2 KOBO INC Schedule D (Form 990) 2023 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply). Public exhibition Loan or exchange program h Scholarly research Other Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? No Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1c 1d d Additions during the year Distributions during the year 1e Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Nο If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back **1a** Beginning of year balance Contributions Net investment earnings, gains, and losses Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment Permanent endowment Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the No organization by: (i) Unrelated organizations? 3a(i) (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value		
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))						

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 KOBO INC 37-1934868 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 valuation: Cost 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, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-ot-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col Part X Other Liabilities	. (B))		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
1. (a) Description of liability	5 500, r art iv, iii e	5	(b) Book value
(1) Federal income taxes			(a) 2001 value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. line 25. col	. <i>(B</i>))		
2. Liability for uncertain tax positions. In Part XIII, provide	· //		at reports the
organization's liability for uncertain tax positions under			

Schedule D (Form 990) 2023

	dule D (Form 990) 2023 KOBO INC				1934868 P	age '
Par			venue per Ret	urn		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	1,854,5	52.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	172.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		72.
3	Subtract line 2e from line 1			3	1,854,3	80.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,854,3	80.
Pai	t XII Reconciliation of Expenses per Audited Financial Stat	tements With Ex	penses per R	eturr	1	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total expenses and losses per audited financial statements			1	1,829,3	<u>48</u> .
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments					
С	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	1,829,3	48.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
С	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990 Part I line 18			5	1,829,3	48.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE IRC. THERE WAS NO UNRELATED BUSINESS INCOME TAX FOR 2023 AND 2022.

THE ORGANIZATION FILES U.S. FEDERAL AND MASSACHUSETTS INFORMATION TAX THE ORGANIZATION IS SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX RETURNS. EXAMINATIONS BY TAX AUTHORITIES FOR ALL YEARS SINCE THE ORGANIZATION'S

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization **Employer identification number** KOBO INC 37-1934868 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (f) Total employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED ASSIST WITH MAINTENANCE STATES 0 8 CONTRACTOR EXPENSES OF KOBOTOOLBOX 474,536. SUB-SAHARAN AFRICA -ANGOLA, BENIN, BOTSWANA, BURKINA ASSIST WITH MAINTENANCE 5 CONTRACTOR EXPENSES OF KOBOTOOLBOX FASO 0 139,549. SOUTH ASIA -AFGHANISTAN, BANGLADESH, BHUTAN, ASSIST WITH MAINTENANCE INDIA, MALDIVES 0 OF KOBOTOOLBOX CONTRACTOR EXPENSES 39,000. 1 EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, ASSIST WITH MAINTENANCE OF KOBOTOOLBOX AUSTRIA, BELGIUM 5 CONTRACTOR EXPENSES 0 139,574. RUSSIA AND ASSIST WITH MAINTENANCE NEIGHBORING STATES 0 CONTRACTOR EXPENSES OF KOBOTOOLBOX 19,704. 0 20 812,363. 3 a Subtotal **b** Total from continuation 0 0 sheets to Part I c Totals (add lines 3a

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

Schedule F (Form 990) 2023

and 3b)

812,363.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a t	ax
	exempt 501(c)(3) organization 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 entitie	ties
--	------

Schedule F (Form 990) 2023

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (d) Amount of (e) Manner of cash disbursement (c) Number of (f) Amount of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant noncash noncash assistance assistance

Schedule F (Form 990) 2023

Schedule F (Form 990) 2023 KOBO INC 37-1934868 Page 4

Part IV Foreign Forms Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes." 1 the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Yes X No Corporation (see the Instructions for Form 926) 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 Yes X No U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990) 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes." the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471) 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 Yes X No Fund (see the Instructions for Form 8621) 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 Yes X No Foreign Partnerships (see the Instructions for Form 8865) 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see

the Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2023

Yes X No

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Open to Bu

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

corganization Employer identification number 37-1934868

Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation		other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TINO KREUTZER	(i)	167,825.	0.	0.	0.	0.	167,825.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							

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SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 1934868

KOBO INC	3/-1934000
FORM 990, PART VI, SECTION B, LINE 11B:	
THE RETURN WILL BE REVIEWED AND A DRAFT WILL BE SHARED WITH	H THE ENTIRE
BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THERE IS AN ANNUAL SIGN OFF PROCESS CONFIRMING THAT THE CON	NFLICT OF
INTEREST POLICY HAS BEEN REVIEWED AND IS UNDERSTOOD.	
FORM 990, PART VI, SECTION C, LINE 18:	
FORM 990 IS AVAILABLE UPON REQUEST	
	_
FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS ARE AVAILABLE UPON REQUEST	
PART XII, LINE 2C	
NO CHANGES WERE MADE TO THE AUDIT OVERSIGHT OR SELECTION PROCESSION OF SELECTION OF SELECTION PROCESSION OF SELECTION	ROCESSES
DURING THE TAX YEAR.	

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

Schedule O (Form 990) 2023