Department of the Treasury Internal Revenue Service

Т

** 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.

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



AI	or th	e 2022 calendar year, or tax year beginning and	ending		
B	Check if pplicab	le: C Name of organization		D Employer identific	ation number
	Addre	ss kobo inc			
	Name			37-193486	58
	Initial		Room/suite	E Telephone number	
	Final returr	37 HICHLAND AVE		781-622-5	5930
	termi ated	ⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,020,263.
	Amer returr	CAMBRIDGE, MA 02139		H(a) Is this a group ret	turn
	Appli tion	F Name and address of principal officer: FAIRICK VINCK		for subordinates?	Yes X No
	pend	SAME AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
<u> </u>	Tax-ex	xempt status: 🔀 501(c)(3) 🗌 501(c) () (insert no.) 🗌 4947(a)(1) (or 📃 527	If "No," attach a l	ist. See instructions
	Nebs			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	L Year	of formation: 2019 M	State of legal domicile: MA
Pa	art I	Summary			
e	1	Briefly describe the organization's mission or most significant activities: \underline{TO} H	OST AN	ID MAIN'I'AIN K	OBOLOOTBOX
Activities & Governance		AND TO SUPPORT OPEN SOURCE DATA SYSTEMS A			
ern	2	Check this box if the organization discontinued its operations or dispos		1.1	ets. 3
Š	3				3
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)	0		
ties	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		3	
ť	-	Total number of volunteers (estimate if necessary)			0.
A				74 7b	0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0.	252,945.
nue	9	Program service revenue (Part VIII, line 2g)		590,824.	767,318.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		590,824.	1,020,263.
	13	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.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
use.	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		821,215.	1,201,267.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		821,215.	1,201,267.
	19	Revenue less expenses. Subtract line 18 from line 12		-230,391.	-181,004.
Net Assets or			Be	eginning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		804,179.	639,076.
etA	21	Total liabilities (Part X, line 26)		356,752.	372,653.
	art II	Net assets or fund balances. Subtract line 21 from line 20		447,427.	266,423.
F	al t II	Olymature Diock			

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.

Sign	Signature of off	icer			Date						
Here											
	Type or print na	me and title									
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN					
Paid	CASSE TA	ATE	CASSE TATE	10/03	/23 self-employed	P01271193					
Preparer	Firm's name	KSM BUSINESS SERV	ICES, INC		Firm's EIN 35-	2123203					
Use Only	Firm's address	PO BOX 40857									
		INDIANAPOLIS, IN	46240		Phone no. ( 317	) 580-2000					
May the IF	May the IRS discuss this return with the preparer shown above? See instructions										
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)										

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) KOBO INC 37-1934868 Page 2
Pa	t III 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:
	KOBO'S MISSION IS TO HOST AND MAINTAIN KOBOTOOLBOX AND TO SUPPORT OPEN
	SOURCE DATA SYSTEMS AND TECHNOLOGY FOR HUMANITARIAN ACTION,
	DEVELOPMENT, ENVIRONMENTAL PROTECTION, PEACEBUILDING, AND HUMAN
	RIGHTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,086,279. including grants of \$) (Revenue \$ 767,318.)
	IN 2022, KOBO INC. RECEIVED 206 MILLION SURVEY SUBMISSIONS RELATED TO
	HUMANITARIAN CRISES - OVER 17 PRIVATE SERVERS. DATA WAS COLLECTED IN
	OVER 240 COUNTRIES AND TERRITORIES ACROSS THE GLOBE AND OVER 515,000
	NEW SURVEY PROJECTS WERE CREATED. TO DATE, MORE THAN 14,000
	ORGANIZATIONS HAVE USED KOBOTOOLBOX TO MAKE A DIFFERENCE.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
10	
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	( ( · · · · · · · · · · · · · · · · · ·
4d	Other program services (Describe on Schedule O.)
ти	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 1,086,279.
10	Form <b>990</b> (2022)
232002	2 12-13-22

Form	990 (2022) KOBO INC 37-1934	868	P	age <b>3</b>			
Par	t 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	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x			
	public office? If "Yes," complete Schedule C, Part I						
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		<u> </u>			
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		<u> </u>			
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete						
	Schedule D, Part III	8		<u> </u>			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for						
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?						
	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			77			
	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,			v			
	Part VI	11a		<u> </u>			
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			v			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>			
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>			
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e					
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4.4.6	х				
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	<u></u>				
1za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	х				
<b>h</b>	Schedule D, Parts XI and XII	128	<u></u>				
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		х			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	120		X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>			X			
14а ь	Did the organization maintain an office, employees, or agents outside of the United States?	14a					
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000						
		14b	х				
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			<u> </u>			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	-15					
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х			
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,						
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<b>—</b>		_ <u></u>			
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18		х			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	<u> </u>		<u> </u>			
	complete Schedule G, Part III	19		х			
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u> </u>			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		х			
232003			990	(2022)			

Form **990** (2022)

Form	1990 (2022) KOBO INC 37-193	4868	Р	age <b>4</b>
	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			
LL		22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		X 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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
, D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
		056		x
00	Schedule L, Part I	25b		
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
U		000		x
~~	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			37
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
, D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
20		330		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	Note: All Form 990 filers are required to complete Schedule O           t 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
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	7		
b		Ó		
5	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-		
C	(gambling) winnings to prize winners?	10	x	

5 2022.04030 KOBO INC Form 990 (2022)

37-1934868

	990 (2022) KOBO INC 37-1934	868	P	_{age} 5							
Par	<b>TV</b> Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	No							
Lu	filed for the calendar year ending with or within the year covered by this return 2a 0										
b	<ul> <li>If at least one is reported on line 2a, did the organization file all required federal employment tax returns?</li> </ul>										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b									
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X							
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x							
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year           If "Yes," indicate the number of Forms 8282 filed during the year         7d	70									
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		X							
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g									
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders										
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>							
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
-	organization is licensed to issue qualified health plans 13b										
	Enter the amount of reserves on hand	140		X							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a									
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b									
15	excess parachute payment(s) during the year?	15		x							
	If "Yes," see the instructions and file Form 4720, Schedule N.	15									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities										
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
_	If "Yes," complete Form 6069.										
232005	12-13-22	Form	990	(2022)							

ı uı	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and f	or a "No" i	respon	se
	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			Χ
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	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	3		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
3	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		x
Sec	tion B Policies and a standard and a standard addresses on Schedule O	9		_ 21
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Vee	
10-	Did the exception have least charters, branches, or efficience?	100	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	10		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	? <b>11a</b>	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		77	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12</b> b	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?		X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official			X
b	Other officers or key employees of the organization	<b>15</b> b		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?	. <b>16</b> a		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?	<b>16</b> b		
Sect	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,	and finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	PATRICK VINCK - 781-622-5930			
20	FAIRICR VINCR = 701 - 022 - 3930			
20	37 HIGHLAND AVE, CAMBRIDGE, MA 02139			

Form 990 (20	22) KOBO INC	37-1934868	Page 7
Part VII 0	Compensation of Officers, Directors, Trustees, Key Employees, Highe	st Compensated	
E	Employees, and Independent Contractors		
C	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		
	e this table for all persons required to be listed. Report compensation for the calendar year e of the organization's <b>current</b> officers, directors, trustees (whether individuals or organization)	8 8	

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 nor any related organization compensated any current officer, director, or trustee.

(A)	(D)			10	2			(D)	(E)	(5)
	(B)			Pos	<b>C)</b> itior	n			(E)	(F)
Name and title	Average		not c	heck	more	than o		Reportable	Reportable	Estimated
	hours per		box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week						,	from the	from related	other
	(list any hours for	irect						organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or d	fee			sated		(W-2/1099-MISC/		
	organizations	ustee	trust		96	ben		1099-NEC)	1099-NEC)	organization and related
	below	ual tr	ional		ploy	ee ee		1099-INEC)		organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) TINO KREUTZER	2.00	<u> </u>	<u> </u>	ò	¥	Ξ	F			
CHIEF OPERATING OFFICER				x				120,454.	0.	0.
(2) PATRICK VINCK	2.00									
OFFICER		x		x				0.	0.	0.
(3) PHUOUNG PHAM	2.00									
DIRECTOR		x						0.	0.	0.
(4) MICHAEL VANROOYEN	2.00									
DIRECTOR		х						0.	0.	0.
		1								
		1								
		L								
			<u> </u>							
232007 12-13-22	I		I			1	1	I	l	Form <b>990</b> (2022)

Form 990 (2022) KOBO INC									37-193	4868	P	age <b>8</b>
Part VII Section A. Officers, Directors, Tru	stees, Key Emp	ploy	ees,			ghes	t C	ompensated Employee	s (continued)			
(A) Name and title				Pos heck ss per	more rson i	1 than c is both pr/trus	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related		<b>(F)</b> stimate mount other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	i org ar	npensa from th ganizat nd relat janizati	e ion ed
1b Subtotal		I		I	I			120,454.	0			0.
c Total from continuation sheets to Part V d Total (add lines 1b and 1c)								0. 120,454.	0 0			0.
2 Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable		Yes	1 No
<b>3</b> Did the organization list any <b>former</b> office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			•	•	-		Ŭ	• •		3	103	X
<ul> <li>For any individual listed on line 1a, is the s</li> <li>and related organizations greater than \$15</li> </ul>	um of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization			X
<ul> <li>5 Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," co</li> <li>Section B. Independent Contractors</li> </ul>										5		X
<ol> <li>Complete this table for your five highest c the organization. Report compensation fo</li> </ol>	•	•								sation fr	om	
(A) Name and busines	s address							(B) Description of s	ervices	( Compe	<b>C)</b> ensatio	n
LESZEK PIETRZAK ZAGORZANSKA, 03-965 WARS	LA	ND					PROFESSIONAL SERVICES		10	8,5	53.	
	/											
2 Total number of independent contractors \$100,000 of compensation from the organ	•	JUIN	nteo	1 (0	u 109 1		lea	above) who received mo		Form	<b>990</b> (	2022)

	n 990 (i		BO INC				37-1934	868 Page <b>9</b>
Pa	rt VII	Statement of Re	venue					
		Check if Schedule O	contains a respo	nse or note to any lin		(D)	(0)	
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under
								sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a 5	Federated campaigns						
Gra	u c							
ífts, r Ai	d d	Related organizations						
, Gi nila	e	Government grants (contr						
ons	f	All other contributions, gifts,						
buti		similar amounts not included		252,945.				
d O	g	Noncash contributions included in	lines 1a-1f 1g \$	6				
an Co	h	Total. Add lines 1a-1f			252,945.			
				Business Code				
e	2 a	CONTRACT REVE	NUE	541511	767,318.	767,318.		
ervi Je	b							
n S /ent	C							
grar Bev	d							
Program Service Revenue	e f	All other program service	rovopuo					
-	ı a				767,318.			
	3	Investment income (includ			,			
	4	Income from investment of						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b		6b					
	C	Rental income or (loss)	6c					
		Net rental income or (loss)	) (i) Securit	ies (ii) Other				
	<i>i</i> a	Gross amount from sales of assets other than inventory	7a					
	h	Less: cost or other basis	78					
e		and sales expenses	7b					
venue	с	Gain or (loss)	7c					
		Net gain or (loss)						
Other Re		Gross income from fundraisin						
đ		including \$	of					
		contributions reported on	,					
		Part IV, line 18						
		Less: direct expenses		8b				
		Net income or (loss) from						
	эa	Gross income from gamin Part IV, line 19		9a				
	b	Less: direct expenses		9b				
		Net income or (loss) from						
		Gross sales of inventory, I						
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	с	Net income or (loss) from	sales of inventor	у				
s				Business Code				
Miscellaneous Revenue	11 a							
llan ven	b							
sce	c d	All other revenue						
ž	u P	Total. Add lines 11a-11d						
		Total revenue. See instruction			1.020.263.	767,318.	0.	0.

Form **990** (2022)

Πο	Check if Schedule O contains a respons	(A)	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
;	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
,	Other salaries and wages				
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (nonemployees):				
а	Management				
a b		70,154.		70,154.	
		39,100.		39,100.	
с 4	9 F	55,100.		55,100.	
d	, , , , , , , , , , , , , , , , , , ,				
e 4	,				
f	Investment management fees				
g		2,145.	159.	1 096	
	column (A), amount, list line 11g expenses on Sch 0.)	2,143.		1,986.	
2	Advertising and promotion	1,938.	462.	1,476.	
	Office expenses	192,177.	192,177.	1,4/0.	
	Information technology	194,177.	194,177.		
5	Royalties				
;	Occupancy	F10	F10		
	Travel	512.	512.		
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	1.00	1.00		
)	Conferences, conventions, and meetings	162.	162.		
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
	Insurance				
ŀ	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	DEVELOPER SERVICES	883,693.	883,693.		
b	OTHER BUSINESS EXPENSES	3,345.	3,345.		
с	BAD DEBT	2,685.	2,685.		
d	FOREIGN CURRENCY ADJUST	2,651.	2,651.		
е	All other expenses	2,705.	433.	2,272.	
	Total functional expenses. Add lines 1 through 24e	1,201,267.	1,086,279.	114,988.	
;	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022)

Form 990 (2022) KOBO INC
Part IX Statement of Functional Expenses . ..

		Check if Schedule O contains a response or note	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		645,948.	1	588,774.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		158,231.	4	33,228.
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, substa	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	ed persons (as defined			
		under section 4958(f)(1)), and persons described	in section 4958(c)(3)(B)		6	
ų	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ř	9	Prepaid expenses and deferred charges			9	17,074.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 1		12		
	13	Investments - program-related. See Part IV, line 1	1		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		804,179.	16	639,076.
	17	Accounts payable and accrued expenses		86,873.	17	114,748.
	18	Grants payable		0.00 070	18	
	19	Deferred revenue		269,879.	19	257,905.
	20	1			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa				
iab.		controlled entity or family member of any of thes			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	, ,			
	00	of Schedule D		356,752.	25	372,653.
	26		ck here X	550,752.	26	572,055.
S		Organizations that follow FASB ASC 958, check				
nce	07	and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		447,427.	27	266,423.
ala	27				21	200,423.
ЧB	28	Organizations that do not follow FASB ASC 95	29. oback hara		20	
'n						
P T	29	and complete lines 29 through 33. Capital stock or trust principal, or current funds			29	
ets	29 30	Paid-in or capital surplus, or land, building, or eq			<u>29</u> 30	
SS	30	Retained earnings, endowment, accumulated inc			30	
Net Assets or Fund Balances	32			447,427.	32	266,423.
Ż	33	Total liabilities and net assets/fund balances		804,179.	33	639,076.

KOBO INC

Form 990 (2022)

Part X Balance Sheet

Form 990 (2022)

Form	1 990 (2022) KOBO INC	37-19	34868	Pag	_{ge} 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	1,020		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,201		
3	Revenue less expenses. Subtract line 2 from line 1	3	-181		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	447	,42	27.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain 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	266	, 42	23.
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	0.			
2a			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	X	
	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	-			
	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 Sch	edule O.			
3a	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?		<b>3</b> a		<u> </u>
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			200	L

Form **990** (2022)

(Form 990)

# **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.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of Internal Reve	of the Treasury enue Service			ttach to Form 990 or Fo Form990 for instruction			ormation.		Open to Public Inspection
Name of	the organizati		<u>.</u>					Employer	identification number
		ково	INC					3	7-1934868
Part I	Reason	for Public (	Charity Status.	(All organizations must o	omplete ti	nis part.) S	ee instructior	ıs.	
The organ	nization is not a	ı private found	ation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1	A church, co	nvention of chi	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2	A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990).)				
3	A hospital or	a cooperative	hospital service org	anization described in se	ection 170	)(b)(1)(A)(ii	ii).		
4	A medical res	search organiza	ation operated in co	njunction with a hospital	described	l in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and stat	e:							
5	An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	init describe	ed in
	section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)						
6	A federal, sta	te, or local gov	vernment or governr	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	An organizati	on that norma	lly receives a substa	intial part of its support fr	rom a gove	ernmental	unit or from t	he general p	oublic described in
	section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)						
8			.,	(1)(A)(vi). (Complete Par	,				
9				in section 170(b)(1)(A)(					
	or university	or a non-land-g	grant college of agric	culture (see instructions).	Enter the	name, city	, and state of	the college	or
	university:								
10 X	•		• • • •	than 33 1/3% of its supp				-	•
				ct to certain exceptions; a					-
				(less section 511 tax) fro	om busines	sses acqui	red by the or	ganization a	ifter June 30, 1975.
<b>44</b> $\Box$			mplete Part III.)	the first of the second first of the second s	(		20(-)(4)		
	-	-		ively to test for public satisfies	•				
12				ively for the benefit of, to					
				ed in section 509(a)(1) of					Sneck the box on
•	_	-		of supporting organization		-		-	aivina
a				supervised, or controlled	•	-			
		-	complete Part IV, Se	gularly appoint or elect a	i majonty c				ipporting
b			-	d or controlled in connect	tion with it	e cupporte	d organizatio	n(c) by boy	ina
			-	anization vested in the sa			•		-
		-	t complete Part IV,		anic perso	113 11121 00		ge the supp	Jonea
c	_			ig organization operated	in connec	tion with	and functiona	llv integrate	d with
• _		-		b). You must complete I				ing integrate	
d		-		oorting organization oper				rted organiz	vation(s)
				zation generally must sat					
		-		mplete Part IV, Sections	-		-		
e	_			written determination fro				II, Type III	
	functionally	integrated, or	Type III non-functio	nally integrated supporti	ng organiz	ation.			
f Ent	er the number								
<b>g</b> Pro	vide the follow	ing informatior	about the supporte						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the org in your govern	anization listed ing document?	(v) Amount o	-	(vi) Amount of other
	organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
 Total									

	(Complete only if you checked fails to qualify under the tests				on failed to qualify	under Part III. If the	organization
Sec	tion A. Public Support		-	-			
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		1		1	1	
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part VI.) Total support. Add lines 7 through 10						
						12	
	Gross receipts from related activities, First 5 years. If the Form 990 is for th		,	fourth or fifth tax			
13	organization, check this box and <b>stor</b>						
Sec	tion C. Computation of Publi			<u></u>	<u></u>		·····
14	Public support percentage for 2022 (I			column (f))		14	%
15	Public support percentage from 2021					15	%
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies			_		,	
b	33 1/3% support test - 2021. If the o		-				
	and <b>stop here.</b> The organization qual					,	
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact						
	meets the facts-and-circumstances te				•		
b	10% -facts-and-circumstances test	-			•		
	more, and if the organization meets th		-				
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s

KOBO INC

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

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

37-1934868 Page 2

232022 12-09-22

#### Schedule A (Form 990) 2022

KOBO INC

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

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

Sec	ction A. Public Support		-		-	-	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			500,000.		252,945.	752,945.
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.	252,987.	590,824.	767,318.	1708764.
3	Gross receipts from activities that			. ,			
U	are not an unrelated trade or bus-						
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.	1020263.	2461709.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons			500,000.		250,000.	750,000.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				485,331.		
С	Add lines 7a and 7b			729,019.	485,331.	889,673.	2104023.
8	Public support. (Subtract line 7c from line 6.)						357,686.
Sec	ction B. Total Support	<del></del>	1		1	1	l
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		97,635.	752,987.	590,824.	1020263.	2461709.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)		97,635.	752,987.	590,824.	1020263.	2461709.
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here				<u></u>	<u></u>	X
Sec	ction C. Computation of Publi	ic Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, c	olumn (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Invest	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2022. If the					3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	3 12-09-22						(Form 990) 2022

16 2022.04030 KOBO INC

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

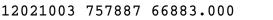
# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



	Supporting Org	anizations (	continued)
Schedule A	(Form 990) 2022	KOBO	INC

2

			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		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	l. or controlle	d the supporting	a organization.	
Section C. T	ype II Sup	porting Org	anizations	

 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
 Image: Control organization was vested in the same persons that controlled or managed

 1
 Image: Control organization was vested in the same persons that controlled or managed
 Image: Control organization was vested in the same persons that controlled or managed

	Section D	. All Typ	e III Sup	porting	Organizations
--	-----------	-----------	-----------	---------	---------------

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

# Section 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	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- a 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.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
------------	--	---------------------------------------------------	---------------------------------------------------------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.**

**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.* 

2b ______ 3a _____ 3b _____

Schedule A (Form 990) 2022

2a

232025 12-09-22

Yes No

_	dule A (Form 990) 2022 KOBO INC			37-1934868 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualify		•	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete :	Sections A through E.	1
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-function	allv integrate	d Type III supporting orga	anization (see

гур lpb g Jrg У 'y ÿ ıy instructions).

Schedule A (Form 990) 2022

KOBO INC

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions				Current Year		
1	Amounts paid to supported organizations to accomplish exer		1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization	s	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	e organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount		1	10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022		
_1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
a	From 2017						
b	From 2018						
C	From 2019						
d	From 2020						
e	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
i	Carryover from 2017 not applied (see instructions)						
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
b	Applied to 2022 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
e	Excess from 2022						

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	ково				37-1934868	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and (See instructions.)	, 2, 3b, 3c, lines 2 and	4b, 4c, 5a, 6, 9a, 9b, 9c 3; Part IV, Section E, lir	c, 11a, 11b, and 11c; Part nes 1c, 2a, 2b, 3a, and 3b	IV, Section B, lines 1 ; Part V, line 1; Part V	and 2; Part IV, Section , Section B, line 1e; Par	C, t V,
232028 12-09-2	2					Schedule A (Form 9	90) 2022
	_			21			

# ** PUBLIC DISCLOSURE COPY **

# Schedule of Contributors

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

2022

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

KOBO INC

Organization	type	(check	one):
--------------	------	--------	-------

7-1934868	
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3

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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 for an *exclusively* set in the set in t

**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).

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

Schedule B (Form 990) (2022)

	B (Form 990) (2022)		· <u> </u>	Page 2
Name of c	organization		Emplo	over identification number
ково	INC		37	-1934868
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
1		\$250,0	00.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	ns	(d) Type of contribution
		\$		Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

223452 11-15-22

	B (Form 990) (2022)		Page 3
Name of c	organization		Employer identification number
ково	INC		37-1934868
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		- - - - \$	

Name of o	organization		Employer identification number		
ково :	INC		37-1934868		
Part III		through (e) and the following line entry haritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year		
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
		[			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer of gift				
·	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gift	1		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee		
223454 11-15	5-22		Schedule B (Form 990) (202		

25 2022.04030 KOBO INC

Department of the Treasury

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 **'** L **Open to Public** Inspection

Internal	Revenue Service Go to www.irs.gov/Form99	0 for instructions and the latest inform	ation.		Inspectio	on
Nam	e of the organization KOBO INC				identification $7-19348$	
Par		d Funds or Other Similar Funds	or Ac			
	organization answered "Yes" on Form 990, Part IV, lin					
		(a) Donor advised funds	(	<b>b)</b> Funds and	d other accour	nts
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		ad fund			
5	Did the organization inform all donors and donor advisors in are the organization's property, subject to the organization's	-			Yes	No
6	Did the organization inform all grantees, donors, and donor a					
Ŭ	for charitable purposes and not for the benefit of the donor o					
				0	Yes	No
Par						
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recrea	tion or education) Preservation o	f a histo	rically impor	tant land area	
	Protection of natural habitat	Preservation o	f a certif	fied historic :	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a cor			
	day of the tax year.				at the End of the	e lax year
				2a		
b		voture included in (a)		2b		
c c	Number of conservation easements on a certified historic stru Number of conservation easements included in (c) acquired a			2c		
u		arter July 23,2000, and not on a		2d		
3	Number of conservation easements modified, transferred, rel				the tax	
-	year		o gam		,	
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it holds?			No No		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servatio	n easements	s during the ye	ar
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation eas	ements duri	ing the year	
8	Does each conservation easement reported on line 2(d) abov		(h)(4)(B)(	i)	<b>—</b>	<u> </u>
•	and section 170(h)(4)(B)(ii)?				Yes	└── No
9	In Part XIII, describe how the organization reports conservation				the	
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	iote to the organization's infancial statem	ents tria	ll describes	une	
Par		Art, Historical Treasures, or O	ther Si	imilar Ass	sets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and bala	nce sheet w	orks	
	of art, historical treasures, or other similar assets held for pub	blic exhibition, education, or research in f	urtheran	ce of public		
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance	sheet works	s of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance	of public se	rvice,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
~				\$ <u> </u>		
2	If the organization received or held works of art, historical treaters the following amounts required to be reported under EASP A		a gain, p	ovide		
~	the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	-		¢		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions		<u></u>		dule D (Form 9	990) 2022
	09-01-22			50.10		

26 2022.04030 KOBO INC

	dule D (Form 990) 2022 KOBO IN							37-19	3486	<u>8 р</u>	age <b>2</b>
Par	t III   Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures, o	r Othe	r Simi	lar Assets	conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, checł	k any of the	following that	t make s	ignificar	nt use of its			
	collection items (check all that apply):										
а	Public exhibition	c			change progra						
b	Scholarly research	e		Other							
с	Preservation for future generations										
4	Provide a description of the organization's c			-	-			-	XIII.		
5	During the year, did the organization solicit of								٦	_	٦
Do	to be sold to raise funds rather than to be m								Yes		No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered '	"Yes" on	Form S	990, Part IV,	line 9, oi		
4.											
1a	Is the organization an agent, trustee, custod		•						7		
<b>b</b>	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the lo	nowing i	lable.					Amour		
•	Paginning balance								7411001		
с С	Beginning balance										
u	Additions during the year										
e f	Distributions during the year Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.							····· ــــ			1
Par							10.				
	•	(a) Current year		Prior year	(c) Two year			ee years back	(e) Fou	r years	back
1a	Beginning of year balance							-			
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administer	red for th	ne				
	organization by:									Yes	No
	(i) Unrelated organizations								<u>3a(i)</u>		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment f	funds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere			/ line 110 (		Dort V	line 10				
			,	Í					( ) =	<u> </u>	
	Description of property	(a) Cost or c basis (investr			t or other (other)		ccumul preciati		( <b>d)</b> Boo	k valu	е
<b>1</b> a	Land										
b	Buildings										
с	Leasehold improvements										
d	Equipment										
e	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X. colun	nn (B), line 1	10c.)						0.
								Schodula	D /		

Schedule D (Form 990) 2022

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(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, col. (B) line 12.)		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

### Part IX Other Assets.

Complete if the organization answered "Yes" 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, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	ō.

 1.
 (a) Description of liability
 (b) Book value

 (1) Federal income taxes
 (a)

 (2)
 (b)

 (3)
 (c)

 (4)
 (c)

 (5)
 (c)

 (6)
 (c)

 (7)
 (c)

 (8)
 (c)

 (9)
 (c)

 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 (c)

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

t XIII ... 🗴

Schedule D	(Form	990)	2022
Schedule D		3301	ZUZZ

232053 09-01-22

Sche	dule D (Form 990) 2022 KOBO INC		37-1	L934868 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stat	ements With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements			1,020,263.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			1,020,263.
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			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			1,020,263.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Exper	nses per Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total expenses and losses per audited financial statements		1	1,201,267.
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	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>			1,201,267.
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.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18	<u>}.)</u>		1,201,267.
Pa	rt 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 2022 AND 2021.

## THE ORGANIZATION FILES U.S. FEDERAL AND MASSACHUSETTS INFORMATION TAX

RETURNS. THE ORGANIZATION IS SUBJECT TO U.S. FEDERAL AND STATE INCOME TAX

EXAMINATIONS BY TAX AUTHORITIES FOR ALL YEARS SINCE THE ORGANIZATION'S

232054 09-01-22

Part XIII Supplemental Information (continued)

INCEPTION IN 2019. MANAGEMENT BELIEVES THAT THE ORGANIZATION'S INCOME TAX

FILING POSITIONS WILL BE SUSTAINED ON AUDIT AND DOES NOT ANTICIPATE ANY

ADJUSTMENTS THAT WILL RESULT IN A MATERIAL CHANGE.

Schedule D (Form 990) 2022

232055 09-01-22

Department of the Treasury Internal Revenue Service		Go to w	ww.irs.aov/Form	990 for instructions and the latest i	nformation.		en to Public pection
Name o	of the organization					Employer ident	ification number
KOBC	) INC					37-19348	68
Part		formation on A	ctivities Out	side the United States. Comple	ete if the organ		
	 Form 990, Pa				6		
1 F	<b>or grantmakers.</b> D	oes the organizatior	n maintain record	ds to substantiate the amount of its gra	ints and other a	assistance,	
t	he grantees' eligibili	ty for the grants or a	assistance, and t	he selection criteria used to award the	grants or assis	tance?	Yes No
	-	escribe in Part V the	e organization's p	procedures for monitoring the use of its	s grants and ot	ner assistance ou	tside the
	Jnited States.	(The following Part	I line 3 table ca	an be duplicated if additional space is n	eeded )		
<u> </u>	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures
		in the region	independent	gram services, investments, grants to		specific type	for and investments
			in the region	recipients located in the region)	of service	(s) in the region	in the region
NODELL						MAINTENANCE	261 100
NORTH	AMERICA	0	9	CONTRACTOR EXPENSES	OF KOBOTOOL	BOX	361,199.
					ASSIST WITH	MAINTENANCE	
SUB-SA	AHARAN AFRICA	0	3	CONTRACTOR EXPENSES	оғ ковотоог	BOX	91,204.
						MAINTENANCE	
SOUTH	ASIA	0	1	CONTRACTOR EXPENSES	OF KOBOTOOL	BOX	36,000.
EUROPI	E (INCLUDING				ASSIST WITH	MAINTENANCE	
ICELA	ND & GREENLAND)	0	2	CONTRACTOR EXPENSES	оғ ковотооь		120,095.
	E (INCLUDING						
ICELA	ND & GREENLAND)	0	5	SERVICE CONTRACTS	USE OF KOBO	TOOLBOX	189,243.
3 a 9	Subtotal	0	20				797,741.
	otal from continuat						.,
	heets to Part I		0				0.
	otals (add lines 3a						
a	Ind 3b)	0	20				797,741.

**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.

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

232071 10-17-22

SCHEDULE F (Form 990)

# 66883.01

Schedule F (Form 990) 2022

OMB No. 1545-0047

**Open to Public** 

32

(a) Name of organization	and EIN (if applicable)	(c) Region	grant	of cash grant	cash disbursement

KOBO INC

(b) IRS code section

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.

(d) Purpose of

<b>(a)</b> N	ame of organization	and EIN (if applicable)	(c) Region	( <b>d</b> ) Purpose of grant	(e) Amount of cash grant	cash disbursement	noncash assistance	of noncash assistance	valuation (book, FMV, appraisal, other)
				ecognized as charities by the f					1
	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	3 Enter total number of other organizations or entities Schedule F (Form 990) 2022								

(i) Method of

(f) Manner of

(e) Amount

(g) Amount of

(h) Description

1

-				
-				
_				
-				
-				
-				

#### KOBO INC Schedule F (Form 990) 2022 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.

(a) Type of grant or assistance

#### Part III can be duplicated if additional space is needed.

(b) Region

37-1934868

(f) Amount of

noncash assistance (g) Description of

noncash assistance

**(h)** Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

(e) Manner of

cash disbursement

(d) Amount of

cash grant

(c) Number of

, recipients

	(Form 990) 2022 Foreign Form	KOBO	
Γαιτιν	Foreign Form	15	

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		<b>T7</b>
	Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may		
	be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a		<b>••</b>
	U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	XNo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	XNo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a		
	qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621,		
	Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing		
	Fund (see Instructions for Form 8621)	Yes	XNo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2022

Schedule F (Form 990	) 2022	KOBO	INC

Supplemental Information

Part V

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

220075 10 17 22	Schedule F (Form 990) 2022
232075 10-17-22	Schedule F (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



37-1934868

KOBO INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HUMANITARIAN ACTION, DEVELOPMENT, ENVIRONMENTAL PROTECTION,

PEACEBUILDING, AND HUMAN RIGHTS.

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

THE RETURN WILL BE REVIEWED AND A DRAFT WILL BE SHARED WITH THE ENTIRE

BOARD PRIOR TO FILING.

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

THERE IS AN ANNUAL SIGN OFF PROCESS CONFIRMING THAT THE CONFLICT 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 PROCESSES

DURING THE TAX YEAR.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022