

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

#### FOR THE YEAR ENDING

DECEMBER 31, 2020

Prepared for	LUBUTO LIBRARY PARTNERS 5614 CONNECTICUT AVENUE, NW NO. 368 WASHINGTON, DC 20015
Prepared by	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. THE RETURN HAS BEEN TRANSMITTED ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED.

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

Form **991** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Α	For the	2020 calendar year, or tax year beginning and	ending	_	
В	Check if applicabl	C Name of organization		D Employer identific	cation number
	Addre	LUBUTO LIBRARY PARTNERS			
	Name chang			13-42949	62
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/ termin		368	202-558-	
_	ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	616,542.
F	Ameno			H(a) Is this a group re	
	Applic tion pendir			for subordinates	······ — —
	•	SAME AS C ABOVE		<b>H(b)</b> Are all subordinates in	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	<del>-1</del>	list. See instructions
		e: WWW.LUBUTO.ORG	1	H(c) Group exemption	
	art I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 2003 N	State of legal domicile: DC
F		Briefly describe the organization's mission or most significant activities: SEE	рарт т	TT T.TNF 1	
S	1	Briefly describe the organization's mission or most significant activities:	L L L	.11, 111111 1.	
Governance	2	Check this box  if the organization discontinued its operations or dispo	and of more	than 25% of its not as	unata .
ķ		Number of voting members of the governing body (Part VI, line 1a)			11
යි		Number of independent voting members of the governing body (Part VI, line 1a)			11
οğ		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2
įţį		Total number of volunteers (estimate if necessary)			86
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		423,558.	609,233.
Revenue		Program service revenue (Part VIII, line 2g)		0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	461.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	6,848.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		423,558.	616,542.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		228,073.	159,634.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Ϋ́	b	Total fundraising expenses (Part IX, column (D), line 25)		144 666	226 701
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		144,666. 372,739.	326,701. 486,335.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			130,207.
_ v		Revenue less expenses. Subtract line 18 from line 12		50,819.	
Net Assets or Fund Balances	200	Total accepts (Part V. line 16)		ginning of Current Year 335,148.	End of Year 518,480.
ASSE	20	Total assets (Part X, line 16)		944.	77,270.
let/	21 22	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		334,204.	441,210.
	art II	Signature Block		331/2014	111/2100
_		Ities of perjury, I declare that I have examined this return, including accompanying schedule	es and statem	ents, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of w			,
	<u> </u>				
Sig	ın	Signature of officer		Date	
He		▲ JANE KINNEY MEYERS, PRESIDENT & BOARD	CHAIR	L	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	RICHARD J. LOCASTRO, CPA Culpul h. Locas	tion	10/26/21 self-employe	P00288314
Pre	parer	Firm's name GELMAN, ROSENBERG' & FREEDMAN		Firm's EIN	52-1392008
Use	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N			
		BETHESDA, MD 20814-2930		Phone no. (3	
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

ı a	Check if Schedule O contains a response or note to any line in this Part III
1	Check if Schedule O contains a response or note to any line in this Part III  Briefly describe the organization's mission:
•	LUBUTO LIBRARY PARTNERS IS AN INNOVATIVE DEVELOPMENT ORGANIZATION THAT
	BUILDS THE CAPACITY OF PUBLIC LIBRARIES IN AFRICA TO CREATE
	OPPORTUNITIES FOR EDUCATION AND POVERTY REDUCTION. ITS MISSION IS TO
	EMPOWER AFRICAN CHILDREN TO HELP THEM LEARN KNOWLEDGE AND SKILLS TO
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
4	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 \$ 221,687 • including grants of \$ ) (Revenue \$
	SUPPORT OPERATIONS - WE PROVIDED COMPREHENSIVE LIBRARY SERVICES TO
	CHILDREN AND TEENS IN ZAMBIA. SERVICES OF EACH OF THE LIBRARIES, WHICH
	HAVE A MINIMUM OF 50,000 VISITS PER YEAR, INCLUDED DAILY STORYTIME
	PROGRAMS, VISUAL ARTS AND DRAMA PROGRAMS, HIV/AIDS AWARENESS AND
	PREVENTION PROGRAMS, MENTORING AND COUNSELING, OUTREACH, COMPUTERS, AND
	COMPUTER-BASED LITERACY LESSONS IN ZAMBIA'S SEVEN MAJOR LANGUAGES.
	THESE ACTIVITIES WERE CONDUCTED FROM JANUARY TO MARCH, AFTER WHICH IN-PERSON SERVICES WERE CURTAILED DUE TO COVID-19 AND STAFF CONTINUED
	TO SERVE CHILDREN VIRTUALLY, VIA SMS AND VIA PHONE CALLS.
	TO BERVE CHIEBRER VIRIONEEL, VIII BIRD TIRD VIII FROME CHIEB.
4b	(Code:) (Expenses \$ 202,241 • including grants of \$) (Revenue \$)
	ASHA: CONSTRUCTION CONTINUED OF A NEW LUBUTO LIBRARY HOSTED BY THE ST.
	DANIEL COMBONI SISTERS IN LUSAKA, WITH FUNDS FROM USAID AMERICAN
	SCHOOLS AND HOSPITALS ABROAD.
	22 622
4c	(Code:) (Expenses \$22,622. including grants of \$) (Revenue \$)  MAKERSPACE AND "GIRLS LEAD OUR WORLD" MENTORING AND OUTREACH CONTINUED
	IN OUTDOOR AREAS OF LUBUTO'S SOUTHERN PROVINCE LIBRARY IN NABUKUYU.
	IN COLDECT INCIDENT OF POSTINET THOUSAND IN THE POSTINET OF TH
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 446,550.
	Form <b>990</b> (2020)

### Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,		Х	
<b>L</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a	21	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Λ	
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	170		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			\ •
46	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
200	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del></del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
	• ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			

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#### Part IV Checklist of Required Schedules (continued)

		_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cohodula I Doubl	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	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,			
21	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 Schedule L, Part IV	21		
20				
_	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	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		X
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<sub>V</sub>
	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		Δ.
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			\ <sub>3,7</sub>
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			\ <sub>3,7</sub>
	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			177
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		.,,	
Da	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			Ш
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		37	
	(gambling) winnings to prize winners?	1c	X	

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# Form 990 (2020) LUBUTO LIBRARY PARTNERS Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	y over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	t)?	4a	X	
b	If "Yes," enter the name of the foreign country ▶ ZAMBIA				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account	s (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have a greater	nization solicit			3,7
	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	-			
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr		7a		X
D	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 requ		70		х
	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	2	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 <del>6</del>		X
g	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contract?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		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?	37 / 3	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 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 N/A 11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
40	amounts due or received from them.)		40		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		ısa		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans 13b				
c	Enter the amount of reserves on hand 13c				
			14a		Х
			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration of				
	excess parachute payment(s) during the year?		15		х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment incom	ne?	16		Х
	If "Yes," complete Form 4720, Schedule O.				
			Form	990	(2020

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
	and the state of t		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la		100	140
	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 independent1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		Х
2	officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision			- 21
3		ا م		Х
	of officers, directors, trustees, or key employees to a management company or other person?	3 4		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?	5		X
6	Did the organization have members or stockholders?	6		Λ
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	_		Х
	more members of the governing body?	7a		Λ
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<b>_</b> .		Х
_	persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			v
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40-	Did the course in the place has a least about the part of the part	40-	Yes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		Λ
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	406		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		Х
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Λ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	1 , , ,	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		Х	
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
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?			v
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40		Х
	taxable entity during the year?	16a		Δ
р	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401-		
800	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed NONE			
17 10		0.051	\ c\:-''	oble
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	is only	, avail	auie
	for public inspection. Indicate how you made these available. Check all that apply.  Own website  X Another's website  Upon request  Other (explain on Schedule O)			
10	· · ·	d fi	a die l	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	u iinar	icial	
20	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			
	5614 CONNECTICUT AVENUE, NW, NO. 368, WASHINGTON, DC 20015			
	JULY COMMEDITION MADELLINGTON, DC 20015			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	box	not c	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) HADASSAH KASUKUMYA	40.00	_							0	
DIRECTOR OF OPERATIONS	10.00			Х				33,407.	0.	0.
(2) GODFREY LUNGU	40.00	1		,,				20 447	0	0
FINANCIAL CONTROLLER	40 00			Х				32,447.	0.	0.
(3) SARAH GIBBONS	40.00	-		x				10 747	0	0
COUNTRY DIR., ZM (FROM 01/20-06/20)	60.00			Λ				12,747.	0.	0.
(4) JANE KINNEY MEYERS PRESIDENT & BOARD CHAIR	80.00	x		x				3,168.	0.	0.
(5) GEORGE KABWE	1.00	^		^				3,100.	0.	0.
TREASURER	1.00	Х		Х				0.	0.	0.
(6) ANNE CAPUTO	1.00									
DIRECTOR		x						0.	0.	0.
(7) CALEB CUNNINGHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(8) BRIAN DEMARCHI	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JUDIE FEEDHAM	1.00									
DIRECTOR		Х						0.	0.	0.
(10) ADAM HOSTETTER	1.00									
DIRECTOR (FROM 11/20)		Х						0.	0.	0.
(11) STACY LANGNER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(12) JEANNE MCDERMOTT	1.00	l								
DIRECTOR	1 2 00	Х						0.	0.	0.
(13) SALLY SINN	3.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(14) PAMELA TRIPP-MELBY	1.00	<b>.</b> ,							0	0
DIRECTOR		Х	_			_		0.	0.	0.
		-								
		1								

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)   Compensation   Comp	i
Subtotal   Subtotal	
1b Subtotal c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c)  Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    Yes	on d
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization  Yes  3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	
d Total (add lines 1b and 1c)	0.
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	0.
line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	0 <b>No</b>
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person  5	X
	X
· · · · · ·	X
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) Name and business address NONE (B) Description of services Compensation	
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0  Form 990 (2)	020)

032008 12-23-20

15291026 745960 00485

Pa	rt v	/111		anco.	or note to any lin	o in this Bort VIII			
			Check if Schedule O contains a resp	onse	or note to any iin	(A) Total revenue	(B) Related or exempt function revenue	( <b>C</b> ) Unrelated	( <b>D)</b> Revenue excluded from tax under
arants ounts	1		Federated campaigns 1a Membership dues 1b						sections 512 - 514
ts, ( Am			Fundraising events1c						
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations 1d		210,393.				
			Government grants (contributions) 1e All other contributions, gifts, grants, and		210,393.				
		•	similar amounts not included above 1f		398,840.				
		g	Noncash contributions included in lines 1a-1f	_	, ,				
<u>a</u> <u>S</u>		_	Total. Add lines 1a-1f	•	<b>&gt;</b>	609,233.			
					Business Code				
<u>:</u>	2	а							
Program Service Revenue		b							
m S		C							
gra Re		d e							
P		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including dividends,						
			other similar amounts)		Г	461.			461.
	4		Income from investment of tax-exempt b	-	t t				
	5		Royalties(i) Re		(ii) Personal				
	ء ا	_	''	aı	(II) Fersonal				
	ľ		Gross rents 6a Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)		<b>&gt;</b>				
	7	а	Gross amount from sales of (i) Secur	ities	(ii) Other				
			assets other than inventory 7a						
Ф		b	Less: cost or other basis						
nue		_	and sales expenses 7b						
Revenue		q	Gain or (loss) 7c						
ē	8		Gross income from fundraising events (not						
₹		_	including \$ of						
			contributions reported on line 1c). See						
			Part IV, line 18						
			Less: direct expenses						
			Net income or (loss) from fundraising eve						
	9	а	Gross income from gaming activities. Se Part IV, line 19						
		h	Less: direct expenses						
			Net income or (loss) from gaming activiti		<b></b>				
	10		Gross sales of inventory, less returns						
			and allowances	10a					
			Less: cost of goods sold						
		С	Net income or (loss) from sales of invent	ory					
sno		_	MISCELLANEOUS		Business Code 90009	6,848.			6,848.
nec	11	a b	111001111111000		700077	0,040.			0,040.
Miscellaneous Revenue		C							
Aisc R			All other revenue						
_			Total. Add lines 11a-11d			6,848.			
	12		Total revenue. See instructions			616,542.	0.	0.	7,309.

032009 12-23-20

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	se or note to any line in  (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	81,769.	72,515.	9,096.	158
•	trustees, and key employees	01,709.	12,313.	9,090.	130
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		72,656.	70,539.		2,117
7	Other salaries and wages Pension plan accruals and contributions (include	72,030•	10,333.		۵,11/
8	section 401(k) and 403(b) employer contributions)	1,238.	1,147.	73.	1 2
9	Other employee benefits	156.	145.	9.	18.
10		3,815.	3,534.	225.	56
11	Payroll taxes Fees for services (nonemployees):	3,013.	3,331.	223.	301
''					
b	Management				
C	Legal Accounting	5,929.		5,929.	
	Lobbying	3,3230		3,323,	
e	D ( ' 1( 1 ' ' ' O D ' N' I' 47				
f	Investment management fees				
g g					
9	column (A) amount, list line 11g expenses on Sch O.)	98,011.	88,597.	9,414.	
12	Advertising and promotion	•		•	
13	Office expenses	12,403.	9,617.	2,583.	203.
14	Information technology	•		•	
15	Royalties				
16	Occupancy	4,241.	4,241.		
17	Travel	4,876.	4,876.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,411.	16,411.		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	LIBRARY BOOKS	113,809.	113,809.		<u></u>
b	SUPPLIES AND MATERIALS	42,959.	42,959.		
С	MISCELLANEOUS	12,937.	4,821.		8,116.
d	PROGRAM DEVELOPMENT	6,219.	6,219.		
е	All other expenses	8,906.	7,120.	1,785.	1.
25	Total functional expenses. Add lines 1 through 24e	486,335.	446,550.	29,114.	10,671
26	<b>Joint costs.</b> 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)				

Part	X	Balance Sheet					
		Check if Schedule O contains a response or	note to an	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			269,752.	1	35,336
	2	Savings and temporary cash investments		2	372,913		
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sed	ction 4958(c)(3)(B)		6	
21 S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			24,236.	9	0
1	l0a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	184,620.			
	b	Less: accumulated depreciation	10b	74,389.	41,160.	10c	110,231
1	1	Investments - publicly traded securities				11	
1	2	Investments - other securities. See Part IV, lir	ne 11			12	
1	13	Investments - program-related. See Part IV, li	ne 11			13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11		15			
1	6	Total assets. Add lines 1 through 15 (must e			335,148.	16	518,480
1	17	Accounts payable and accrued expenses	944.	17	5,514		
1	18	Grants payable		18			
1	19	Deferred revenue		19			
2	20	Tax-exempt bond liabilities		20			
2	21	Escrow or custodial account liability. Comple		21			
ဖ္မ 2	22	Loans and other payables to any current or for	ormer offic	cer, director,			
		trustee, key employee, creator or founder, su					
ap		controlled entity or family member of any of t		22			
<b>-</b>   2	23	Secured mortgages and notes payable to un	related thi	ird parties		23	
2	24	Unsecured notes and loans payable to unrela	ated third	parties		24	9,128
2	25	Other liabilities (including federal income tax,	to related third				
		parties, and other liabilities not included on li	). Complete Part X	_			
		of Schedule D				25	62,628
2	26	Total liabilities. Add lines 17 through 25			944.	26	77,270
ړ		Organizations that follow FASB ASC 958, or	check her	e ▶ X			
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			1 - 0 1 0 1		
<u>e</u> 2	27	Net assets without donor restrictions			152,104.	27	258,054
2	28	Net assets with donor restrictions			182,100.	28	183,156
Š		Organizations that do not follow FASB AS6	eck here 🕨 📖				
늘		and complete lines 29 through 33.					
ဋ္ဌ   2	29	Capital stock or trust principal, or current fun				29	
3 3	80	Paid-in or capital surplus, or land, building, or				30	
≰   3	31	Retained earnings, endowment, accumulated		_	224 224	31	444 045
<b>≝</b>  3	32	Total net assets or fund balances			334,204.	32	441,210
3	33	Total liabilities and net assets/fund balances			335,148.	33	518,480 Form <b>990</b> (202

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				X	
1 2 3	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1	1 2 3	48 13	6,5 6,3 0,2 4,2	35. 07.	
4 5 6 7	Net unrealized gains (losses) on investments  Donated services and use of facilities  5 6					
8 9 10	Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)  Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	8 9	- -1	9,0 4,1	55. 46.	
	column (B))	10	44	1,2	10.	
Pai	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		Yes	No	
2a			2a		Х	
b	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  Were the organization's financial statements audited by an independent accountant?  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	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133?	ngle Audit	За		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why on Schedule O and describe any steps taken to undergo such audits.		3b			

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization LUBUTO LIBRARY PARTNERS 13-4294962 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	468,931.	759,075.	739,637.	423,558.	609,233.	3,000,434.		
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	468,931.	759,075.	739,637.	423,558.	609,233.	3,000,434.		
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)						393,311.		
6							2,607,123.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018 739, 637.	(d) 2019 423,558.	(e) 2020 609, 233.	(f) Total		
7	Amounts from line 4	468,931.	759,075.	739,637.	423,558.	609,233.	3,000,434.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources					461.	461.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	17,214.	18,345.	16,921.		6,848.	59,328.		
11	<b>Total support.</b> Add lines 7 through 10						3,060,223.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12			
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)			
	organization, check this box and stop						<u></u> ▶□		
	ction C. Computation of Publ						05 10		
14	Public support percentage for 2020 (I					14	85.19 %		
15	Public support percentage from 2019					15	<u>%</u>		
16a	33 1/3% support test - 2020. If the o	•		•		•			
	stop here. The organization qualifies								
b	33 1/3% support test - 2019. If the c						is box		
	and <b>stop here.</b> The organization qual						▶□		
17a	10% -facts-and-circumstances tes	-							
	and if the organization meets the fact		•	-	•	VI how the organiza	ation		
	meets the facts-and-circumstances to	-			-				
b	10% -facts-and-circumstances tes	-					10% or		
	more, and if the organization meets the				-		. —		
	organization meets the facts-and-circle						<b>&gt;</b>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	ction A. Public Support	slow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	` `	` ` `
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	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					+	
	Total. Add lines 1 through 5			-	-		
/ 6	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>		
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2020 (I					15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves		<u>-</u>				
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2019. If the						▶Ш and
•	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organizatio						

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#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
_		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
46:		
10b		

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 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? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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, or controlled the supporting organization.	2		
<u>Sec</u>	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in 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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see in	structio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	01.401.0	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	Za		
b	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			
		٥L		
•	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<b>C</b> :		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orga	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations mus	t complet	te Sections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 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-functional	ılly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>							
Secti	ection D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exe	empt purposes	1							
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported								
	organizations, in excess of income from activity	2								
3	Administrative expenses paid to accomplish exempt purpos	es 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_	<b>Total annual distributions.</b> Add lines 1 through 6.		7							
8	Distributions to attentive supported organizations to which t	he organization is responsive	9							
	(provide details in Part VI). See instructions.		8							
_9_	Distributable amount for 2020 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount	<u> </u>	10							
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020						
1	Distributable amount for 2020 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2020 (reason-									
	able cause required - explain in Part VI). See instructions.									
_3_	Excess distributions carryover, if any, to 2020									
a	From 2015									
b	From 2016									
c	<b>c</b> From 2017									
d	From 2018									
e	From 2019									
f	Total of lines 3a through 3e									
	Applied to underdistributions of prior years									
<u>h</u>	Applied to 2020 distributable amount									
<u>_i</u>	Carryover from 2015 not applied (see instructions)									
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2020 from Section D,									
	line 7: \$									
	Applied to underdistributions of prior years									
	Applied to 2020 distributable amount									
	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2020, if									
	any. Subtract lines 3g and 4a from line 2. For result greater									
	than zero, explain in <b>Part VI.</b> See instructions.									
6	Remaining underdistributions for 2020. Subtract lines 3h									
	and 4b from line 1. For result greater than zero, explain in									
	Part VI. See instructions.									
7	Excess distributions carryover to 2021. Add lines 3j									
	and 4c.									
8	Breakdown of line 7:  Excess from 2016									
	Excess from 2017									
U	LAUGGG II UIII EU I I									

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	

### Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

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

OMB No. 1545-0047

Name of the organization

Employer identification number

LUBUTO LIBRARY PARTNERS

13-4294962

Organization type (check one):							
Filers of:		Section:					
Form 990 o	r 990-EZ	X 501(c)( 3 ) (enter number) organization					
	1	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	I	527 political organization					
Form 990-P	F	501(c)(3) exempt private foundation					
	I	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	I	501(c)(3) taxable private foundation					
01 1 17							
•	· ·	covered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Ru	le						
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rul	les						
sec an	ctions 509(a)(1) ar y one contributor,	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under nd 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from 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; ine 1. Complete Parts I and II.					
col	For an organization described in section 501(c)(7), (8), or (10) filling 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.						
yea is d pu	ar, contributions e checked, enter he rpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box are the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \bigsim \b					
but it <b>must</b>	answer "No" on F	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part II, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization Employer identification number

#### 13-4294962 LUBUTO LIBRARY PARTNERS Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person **Payroll** 205,047. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 Person **Payroll** 200,277. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 4 Person **Payroll** 17,364. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Pavroll** Noncash

023452 11-25-20

(Complete Part II for noncash contributions.)

Name of organization Employer identification number

#### LUBUTO LIBRARY PARTNERS

13-4294962

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	

**Employer identification number** 

Name of organization

13-4294962 LUBUTO LIBRARY PARTNERS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

LUBUTO LIBRARY PARTNERS

**Employer identification number** 13-4294962

Par	t I Organizations Maintaining Donor Advise		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 6.	·
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
			·
Par			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreating	tion or education) Preservation of a his	storically important land area
	Protection of natural habitat	·	ertified 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	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year >		,
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	.)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statements	that describes the
	organization's accounting for conservation easements.	-	
Par		f Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and I	palance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	· · · · · · · · ·	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under FASB A	,	•
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

Pai	rt III   Organizations Maintaini	ng Collections of A	rt, Histor	rical Treasures,	or Other	Similar As	ssets(continu	ied)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	C	i 🔲 Loa	an or exchange progr	am			
b	Scholarly research	6	e 🔲 Oth	ner				
С	Preservation for future generations							
4	Provide a description of the organization		in how they	further the organizat	ion's exemp	ot purpose in	Part XIII.	
5	During the year, did the organization so							
	to be sold to raise funds rather than to						Yes	☐ No
Pai	rt IV Escrow and Custodial A						IV, line 9, or	
	reported an amount on Form 99			_				
1a	Is the organization an agent, trustee, cu	stodian or other intermed	diary for co	ntributions or other as	ssets not in	cluded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Par							
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount					?	Yes	No
b	If "Yes," explain the arrangement in Par	t XIII. Check here if the e	xplanation I	has been provided on	Part XIII .			
	rt V Endowment Funds. Comp							
	<u> </u>	(a) Current year	(b) Prio				ack (e) Four y	ears back
1a	Beginning of year balance	,	<u> </u>					
b	Contributions							
С	Net investment earnings, gains, and los							
d	Grants or scholarships							
е	011 121 ( ( )212							-
	and programs							
f	Administrative expenses							
g								-
2	Provide the estimated percentage of th		ce (line 1a. o	column (a)) held as:	I			
а			%	( //				
b	Permanent endowment	%						
С		<u></u> %						
	The percentages on lines 2a, 2b, and 2	c should equal 100%.						
За	Are there endowment funds not in the		ation that a	re held and administe	ered for the	organization		
	by:	3				J		es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related org							
4	Describe in Part XIII the intended uses							
Pai	rt VI Land, Buildings, and Equ							
	Complete if the organization ans	-	0, Part IV, li	ne 11a. See Form 990	0, Part X, lir	ne 10.		
	Description of property	(a) Cost or o	other	(b) Cost or other	(c) Acc	umulated	(d) Book	value
	,	basis (investi		basis (other)	. , ,	eciation	, ,	
	Land	,	- 1	· · · · · ·				
b								
	Leasehold improvements							
d				74,310.	2	27,954.	46	,356.
	Other			110,310.		6,435.		,875.
	al. Add lines 1a through 1e. (Column (d) m		X, column					,231.

Schedule D (Form 990) 2020

201104410 2 (1 01111 000) 2020	RARY PARTNERS	13	-4294962 Page
Part VII Investments - Other Securities.			<u> </u>
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	I-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.		44 0 5 000 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Complete if the organization answered "Yes"  (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	Lof-year market value
	(b) Book value	(c) Method of Valdation. Cost of end	
(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.	
	Description	, ,	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)	<b>&gt;</b>	
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	
(a) Description of liability			(b) Book value
(1) Federal income taxes			60 600
(2) REFUNDABLE ADVANCE			62,628
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2020

(7) (8)

62,628.

<u>Sche</u>	dule D (Form 990) 2020 LUBUTO LIBRARY PARTNERS			13-4 <sub>2</sub>	19496∠ Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				E4E 663
1	Total revenue, gains, and other support per audited financial statements			1	747,663.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 . 1			
	Net unrealized gains (losses) on investments		121 101		
	Donated services and use of facilities		131,121.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)			-	121 121
	Add lines 2a through 2d			2e	131,121.
3	Subtract line 2e from line 1			3	010,342
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)			-	0.
	Add lines 4a and 4b			4c	616,542.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5 Doturn	
Pai	t XII Reconciliation of Expenses per Audited Financial Statem		ii Expenses per	neturn	•
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				617,456.
1	Total expenses and losses per audited financial statements			1	017,430
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	131,121.		
	Donated services and use of facilities		131,141.	-	
	Prior year adjustments			-	
	Other losses			-	
	Other (Describe in Part XIII.)				121 121
	Add lines 2a through 2d			2e	131,121.
3	Subtract line 2e from line 1			3	486,335.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
	Investment expenses not included on Form 990, Part VIII, line 7b			-	
	Other (Describe in Part XIII.)	'		-	0
	Add lines 4a and 4b			4c	106 225
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	486,335.
	t XIII Supplemental Information.	N/ I' 41	101 5 11/1	4.5.1.	" 0 D 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part			4; Part X,	line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional infor	mation.		
ד <b>ג</b> ח	m v iine ).				
PAF	T X, LINE 2:				
₽ΛΙ	MUE VEXD ENDED DECEMBED 21 2020 IID UX	a Doat	тмехттер ттс	CONT	TOED A MICA
COF	THE YEAR ENDED DECEMBER 31, 2020, LLP HA	S DOCK	MENIED IIS	COM	SIDERATION
<b>~</b> ₽	FASB ASC 740-10, INCOME TAXES, THAT PROVI	חבים כיו	TONNOT TOD	סבים (	DULKC
JF	FASE ASC /40-10, INCOME TAXES, THAT PROVID	DES GC	TDANCE FOR	KEPC	KIING
TNT	ERTAINTY IN INCOME TAXES AND HAS DETERMIN	יטח תם	ייי אור או איידים. ייי אור או איידים	Тат т	INCEDMATN
OINC	ERIAINII IN INCOME TAXES AND HAS DETERMIN.	ED IUF	I NO MAIER	тап (	NCERTAIN
דגת	DOCUMENTO OTTALLEY FOR ELMUED DECOCNIMION	ΔB D1	COLOGIDE T	א העד	7
I'AZ	POSITIONS QUALIFY FOR EITHER RECOGNITION	OK DI	SCHOSORE I	.N THE	<u>'</u>
птъ	ANGTAI CHAMENDA				
F TI	ANCIAL STATEMENTS.				

#### SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

#### **Statement of Activities Outside the United States**

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

► Attach to Form 990.

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

2020
Open to Public Inspection

Name of the organization

Employer identification number

	9					. ,	
נטב	BUTO LIBRARY	PARTNERS				13-429496	52
Pa	rt I General Info	rmation on A	ctivities Out	tside the United States. Comple	ete if the organ	ization answered "	Yes" on
	Form 990, Part IV						
1				ds to substantiate the amount of its gra			🖂
	the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? L	Yes No
•	Far grantmakera Doo	ribe in Dort \/ the	organization's	procedures for monitoring the use of it	a avanta and a	thar assistance suit	aida tha
2	United States.	nbe in Fait v the	organization s	procedures for monitoring the use of its	s grants and o	irier assistance out	side trie
3		he following Part	· L line 3 table ca	an be duplicated if additional space is r	needed )		
	(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	l independent	gram services, investments, grants to		specific type	for and investments
			contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
					PUBLIC LIBE	ARY SERVICES	
UB-	-SAHARAN AFRICA	1	19	PROGRAM SERVICES	FOR CHILDRE	N AND YOUTH	237,536.
							-
	Subtotal	1	19				237,536.
b	Total from continuation		_				
	sheets to Part I	0	0				0.
С	Totals (add lines 3a	1	1 9				237 536

032071 12-03-20

Schedule F (Form 990) 2020

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

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.								any
1	1	ood. Taren can be dupin		T		(-) A	(h) Deservications	C) Made and a f
(a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

9	Schedule	F (Form	990)	2020

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax

3 Enter total number of other organizations or entities

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.							
Part III can be duplicated if a	additional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

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

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

Schedule F (Form 990) 2020

#### SCHEDULE O

Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

LUBUTO LIBRARY PARTNERS

**Employer identification number** 13-4294962

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: RECONNECT WITH THEIR OWN CULTURE AND COMMUNICATE FULLY IN SOCIETY.

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

THE FORM 990 IS PREPARED BY THE OUTSIDE ACCOUNTANTS AND IS THEN REVIEWED BY THE PRESIDENT OF THE ORGANIZATION.

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

IN THE EVENT THAT THE BOARD OR COMMITTEE DETERMINES THAT A CONFLICT OF INTEREST EXISTS, THE ORGANIZATION MAY ENTER INTO THE TRANSACTION OR ARRANGEMENT AT ISSUE ONLY AFTER THE FOLLOWING PROCEDURES HAVE BEEN FOLLOWED.

- (A) AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. THE BOARD CHAIR OR COMMITTEE CHAIR IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT.
- (B) IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF ITS DISINTERESTED MEMBERS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. THE INTERESTED PERSON MAY BE COUNTED IN DETERMINING THE PRESENCE OF A

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

032211 11-20-20

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization  LUBUTO LIBRARY PARTNERS	Employer identification number 13-4294962
QUORUM OF THE MEMBERS OF THE BOARD OR COMMITTEE. IN CONFO	RMIITY WITH THE
ABOVE DETENNINATION IT SHALL MAKE ITS DECISION AS TO WHET	HER TO ENTER INTO
THE TRANSACTION OR ARRANGEMENT.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE PRESIDENT OF THE ORGANIZATION TYPICALLY SERVES WITHOU	T COMPENSATION.
IN CERTAIN YEARS, A GRANT MAY FUND AN AMOUNT FOR HER SERV	'ICES. IN THE
CURRENT YEAR, SHE RECEIVED \$3,168 THAT WAS FUNDED BY A GR	ANT FROM A DONOR.
OTHER SALARIES ARE SET THROUGH THE BUDGET PROCESS.	_
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS AND FORM 990 ARE POSTED ON THE G	UIDESTAR WEBSITE.
THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY A	RE AVAILABLE UPON
REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
MANAGEMENT SERVICES :	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	9,414.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,414.
CONSULTANTS:	
PROGRAM SERVICE EXPENSES	2,954.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,954.

Name of the organization  LUBUTO LIBRARY PARTNERS	Employer identification number 13-4294962
SECURITY:	
PROGRAM SERVICE EXPENSES	2,018.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,018.
PROFESSIONAL CONSULTING FEES:	
PROGRAM SERVICE EXPENSES	83,625.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	83,625.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	98,011.
FORM 990, PART X, LINE 24:	
ON MAY 3, 2020, LLP RECEIVED LOAN PROCEEDS IN THE AMOUNT	OF \$9,128
UNDER THE PAYCHECK PROTECTION PROGRAM. THE PROMISSORY NOT	TE CALLS FOR
MONTHLY PRINCIPAL AND INTEREST PAYMENTS AMORTIZED OVER TH	HE TERM OF THE
PROMISSORY NOTE WITH A DEFERRAL OF PAYMENTS FOR THE FIRST	SIX MONTHS.
UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY	ACT (CARES
ACT), THE PROMISSORY NOTE MAY BE FORGIVEN BY THE SMALL BU	JSINESS
ADMINISTRATION IN WHOLE OR IN PART. LLP INTENDS TO USE TH	HE PROCEEDS FOR
PURPOSES CONSISTENT WITH THE PAYCHECK PROTECTION PROGRAM	AND BELIEVES
THAT ITS USE OF THE LOAN PROCEEDS WILL MEET THE CONDITION	NS FOR
FORGIVENESS OF THE LOAN. ON APRIL 1, 2021, LLP RECEIVED B	FORGIVENESS OF
THEIR LOAN UNDER THE PAYCHECK PROTECTION PROGRAM BY THE S	SBA IN THE
AMOUNT OF \$9,128. THERE ARE NO FURTHER REQUIREMENTS REGA	ARDING THIS
FUNDING AND LLP INTENDS TO RECORD THE AMOUNT FORGIVEN AS	REVENUE FROM
DEBT EXTINGUISHMENT DURING FISCAL YEAR 2021.	

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