

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

DECEMBER 31, 2021

Prepared for	
	LUBUTO LIBRARY PARTNERS 5614 CONNECTICUT AVENUE, NW 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.

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Form	J	J	U

** PUBLIC DISCLOSURE COPY **

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

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

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

and ending

OMB No. 1545-0047

	ar vear, or tax vear beginning
Internal Revenue Service	Go to www.irs

B	Check if applicab	e: C Name of organization		D Employer identific	ation number
	Addre	E LUBUTO LIBRARY PARTNERS			
	Name chang			13-429496	52
	Initial		Room/suite	E Telephone number	
	 Final return	5614 CONNECTION AVENUE NW	368	202-558-5	
	termir			G Gross receipts \$	453,669.
	Amen			H(a) Is this a group re	
	Applic			for subordinates?	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates ind	······
11	Tax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) 0	or 527		ist. See instructions
		te: WWW.LUBUTO.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year		State of legal domicile: DC
_	art I	Summary			0
_	1	Briefly describe the organization's mission or most significant activities: SEE	PART]	III, LINE 1.	
ő		, <u> </u>			
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net as	sets.
ove				3	10
		Number of independent voting members of the governing body (Part VI, line 1b)			10
es &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		3	
/iti		Total number of volunteers (estimate if necessary)		57	
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
Ð	8	Contributions and grants (Part VIII, line 1h)		609,233.	452,010.
nué	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		461.	747.
œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,848.	912.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		616,542.	453,669.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
Se	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .		159,634.	231,326.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ďx	b	Total fundraising expenses (Part IX, column (D), line 25)	17.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		326,701.	231,862.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		486,335.	463,188.
		Revenue less expenses. Subtract line 18 from line 12		130,207.	-9,519.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
alar	20	Total assets (Part X, line 16)		518,480.	569,875.
it As	21	Total liabilities (Part X, line 26)		77,270.	162,258.
N ⁿ	22	Net assets or fund balances. Subtract line 21 from line 20		441,210.	407,617.
Pa	art II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	. corre	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	uch prepare	r nas anv knowledde	

Sign Here	Signature of officer JANE KINNEY MEYERS, PRESIDENT & BOARD CHAIR Type or print name and title	Date
Paid Preparer	Print/Type preparer's name RICHARD J. LOCASTRO, CPA Firm's name ► GELMAN, ROSENBERG & FREEDMAN	/22 Check PTIN if self-employed P00288314 Firm's EIN ► 52-1392008
Use Only	Firm's address ► GELMAN, ROSENBERG & FREEDMAN Firm's address ► 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. (301) 951-9090
May the IF	AS discuss this return with the preparer shown above? See instructions	X Yes No
132001 12-0	9-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2021)

	990 (2021) LUBUTO LIBRARY PARTNERS 13-4294962 P
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: LUBUTO LIBRARY PARTNERS IS AN INNOVATIVE DEVELOPMENT ORGANIZATION THA
	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?
1	If "Yes," describe these changes on Schedule O. 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.
1a	(Code:) (Expenses \$ 243,229 • including grants of \$) (Revenue \$
	SUPPORT OPERATIONS - STAFFS AT THE LUBUTO LIBRARIES PROVIDED
	COMPREHENSIVE LIBRARY SERVICES TO CHILDREN AND TEENS IN THE COMMUNITI
	THEY SERVE IN ZAMBIA. THESE SERVICES INCLUDE DAILY STORYTIME PROGRAMS
	VISUAL ARTS AND DRAMA PROGRAMS, MENTORING AND COUNSELING INCLUDING
	HIV/AIDS PREVENTION PROGRAMS, OUTREACH, AND USE OF COMPUTERS AND COMPUTER-BASED LITERACY LESSONS IN ZAMBIAN LANGUAGES. USE OF THE MOD
	LIBRARY'S BOOK COLLECTION WAS CURTAILED AFTER IT WAS DESTROYED BY A
	FIRE IN APRIL, BUT LIBRARY STAFF STILL BRING BOOKS FROM THE REPLACEME
	COLLECTION AT THE LLP OFFICE TO CONDUCT STORYTIMES IN THE OUTDOOR
	SPACES. OTHER IN-PERSON SERVICES THAT HAD BEEN CURTAILED IN 2020 DUE
	COVID-19 CONTINUED WITH STAFF SERVING CHILDREN VIRTUALLY AND IN OUTDO
	SPACES.
ŀb	(Code:) (Expenses \$116 , 765 . 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.
	SCHOOLS AND HOSPITALS ABROAD.
1c	(Code:) (Expanses \$ 68,389, including grapts of \$) (Revenue \$
łc	(Code:) (Expenses \$68,389. including grants of \$) (Revenue \$] (Revenue \$) (Revenue \$] (Revenue \$] (Revenue
łc	
łc	SKILLS-BASED MAKERSPACE PROGRAMS AND "GIRLS LEAD OUR WORLD" MENTORING
łc	SKILLS-BASED MAKERSPACE PROGRAMS AND "GIRLS LEAD OUR WORLD" MENTORING AND OUTREACH CONTINUED IN OUTDOOR AREAS OF LUBUTO'S SOUTHERN PROVINCE LIBRARY IN NABUKUYU. A "GIRLS CAN CODE" PROGRAM WAS OFFERED AT THE LUBUTO MTHUNZI LIBRARY. THE LUBUTO MENTORING PROGRAM WAS UPDATED AND
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4d	SKIILS-BASED MAKERSPACE PROGRAMS AND "GIRLS LEAD OUR WORLD" MENTORING AND OUTREACH CONTINUED IN OUTDOOR AREAS OF LUBUTO'S SOUTHERN PROVINCE LIBRARY IN NABUKUYU. A "GIRLS CAN CODE" PROGRAM WAS OFFERED AT THE LUBUTO MTHUNZI LIBRARY. THE LUBUTO MENTORING PROGRAM WAS UPDATED AND COMBINED WITH THE STEPPING STONES SRH (SEXUAL AND REPRODUCTIVE HEALTH CURRICULUM AND MENTORS WERE TRAINED TO OFFER THESE PROGRAMS UNDER OUR TEMPLETON GRANT. Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▲
łd łe	SKILLS-BASED MAKERSPACE PROGRAMS AND "GIRLS LEAD OUR WORLD" MENTORING AND OUTREACH CONTINUED IN OUTDOOR AREAS OF LUBUTO'S SOUTHERN PROVINCE LIBRARY IN NABUKUYU. A "GIRLS CAN CODE" PROGRAM WAS OFFERED AT THE LUBUTO MTHUNZI LIBRARY. THE LUBUTO MENTORING PROGRAM WAS UPDATED AND COMBINED WITH THE STEPPING STONES SRH (SEXUAL AND REPRODUCTIVE HEALTH CURRICULUM AND MENTORS WERE TRAINED TO OFFER THESE PROGRAMS UNDER OUR TEMPLETON GRANT. Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

Form	990	(2021)

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	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
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? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	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, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	13 14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		<u> </u>
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			_ _
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	00-	X
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2021.04021 LUBUTO LIBRARY PARTNERS

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		list of Required Sc	hedules (cont	inued)
Form 990 (2021)	LUBUTO	LIBRARY	PARTI

1 ui				
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
00	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
a	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? <i>If</i> "Yes," <i>complete</i>			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
b	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 line 28a or 28b?/f	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
U	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?			<u> </u>
	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 on Schedule O for Part VI, lines 11b and 19?			
Der	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a		res	No
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b C			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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2021.04021 LUBUTO LIBRARY PARTNERS

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Form 990	(2021)
Part V	Stat

D21) LUBUTO LIBRARY PARTNERS 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	2a	3		x	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returned by the second sec			2b		
2-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instruction			20		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule			3a 3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			30		
та	financial account in a foreign country (such as a bank account, securities account, or other financial		•	4a	x	
b	If "Yes," enter the name of the foreign country > ZAMBIA	accor		τu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accou	nts (FBAR).			
Ба	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-			5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
	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 contribu	tions o	or gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	quired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8	899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz	ation	file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th				
	sponsoring organization have excess business holdings at any time during the year?		N/A	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		
)	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
1	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					
	amounts due or received from them.)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?		N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
4a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	ıle O		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in		/-			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? \ldots		N/A	17		
	If "Yes," complete Form 6069.					
	12-09-21 5 5				990	
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Form 990	(2021)
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 Form 990 (2021)
 LUBUTO
 LIBRARY
 PARTNERS
 13-4294962
 Page 6

 Part VI
 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response
 Page 6

 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					Σ	
Sec	tion A. Governing Body and Management					_	
			1 44		Yes	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a	10	4			
	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 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		2			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip wit	h any other				
	officer, director, trustee, or key employee?			2			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ect supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			3			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 v	vas filed?	4			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5			
6	Did the organization have members or stockholders?			6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?			7a			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					Γ	
	persons other than the governing body?			7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye						
а	The governing body?	-	-	8a	Х	Г	
	Each committee with authority to act on behalf of the governing body?			8b	Х	T	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					T	
•	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9			
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F						
			,		Yes	Γ	
0a	Did the organization have local chapters, branches, or affiliates?			10a		t	
	If "Yes," did the organization have written policies and procedures governing the activities of such o					t	
~	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
19	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			11a			
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay be		114			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х		
2a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12a	X	┢	
0	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			120		┢	
С				100	x		
10	on Schedule O how this was done			12c	X	┢	
13	Did the organization have a written whistleblower policy?			13	X	┢	
14	Did the organization have a written document retention and destruction policy?			14	~	┢	
15	Did the process for determining compensation of the following persons include a review and approv		independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision'						
	The organization's CEO, Executive Director, or top management official			15a			
b	Other officers or key employees of the organization			15b			
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?			16a			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizati	on's				
	exempt status with respect to such arrangements?			16b			
ec	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright MD						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	90-T (section 501(c)(3	3)s only) avail	lak	
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website X Another's website Upon request Other (explain	n on S	Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	onflic	t of interest policy, a	nd fina	ncial		
	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 b	ooks a	and records 🕨				
	JANE KINNEY MEYERS - 202-558-5609						
	5614 CONNECTICUT AVENUE, NW, 368, WASHINGTON, DC	20	015				
32006	3 12-09-21			Form	990	(2)	
	6					•	
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

т

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person		rson i	rson is both an rector/trustee)		compensation	compensation	amount of
	week		cer an	nd a d I	recto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con yee	_	1099-1120)		organizations
	line)	Individual trustee or director	nstitutional trustee	Officer	ƙey employee	Highest compensated employee	Former			organizationo
(1) HADASSAH KASUKUMYA	40.00	_	_		-	1 0	4			
DIRECTOR OF OPERATIONS				X				35,663.	0.	0.
(2) GODFREY LUNGU	40.00									
FINANCIAL CONTROLLER				x				34,832.	0.	0.
(3) JANE KINNEY MEYERS	60.00									
PRESIDENT & BOARD CHAIR		Х		X				4,846.	0.	0.
(4) GEORGE KABWE	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) CALEB CUNNINGHAM	1.00									
DIRECTOR (UNTIL 08/2021)		Х						0.	0.	0.
(6) BRIAN DEMARCHI	1.00									
DIRECTOR		Х						0.	0.	0.
(7) JUDIE FEEDHAM	1.00							_	_	_
DIRECTOR (UNTIL 08/2021)		Х						0.	0.	0.
(8) STACY LANGNER	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) JEANNE MCDERMOTT	1.00									_
DIRECTOR (UNTIL 03/2021)		Х						0.	0.	0.
(10) ELIZABETH MCLEAN	1.00									_
DIRECTOR (FROM 08/2021)		х						0.	0.	0.
(11) SALLY SINN	3.00									_
DIRECTOR		Х						0.	0.	0.
(12) PAMELA TRIPP-MELBY	1.00									
DIRECTOR		X						0.	0.	0.
(13) ANNE CAPUTO	1.00									•
DIRECTOR		Х						0.	0.	0.
(14) SILVINA FERNANDEZ-DUQUE	1.00									•
DIRECTOR (FROM 08/2021)		X						0.	0.	0.
(15) ADAM HOSTETTER	1.00							0	0	0
DIRECTOR		X						0.	0.	0.
				<u> </u>		-				
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Form 990 (2021)

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	Form 990 (2021) LUBUTO LIBRARY PARTNERS								13-42	294	962	Pa	age 8	
Par			ploy	ees,			ghe	st C			—		<u> </u>	
	(A) Name and title	(B) (C) Average Position hours per (do not check more than o box, unless person is both officer and a director/truster (list any (a)					than o s botl	h an	(D) Reportable compensation from the	(E) Reportable compensatio from related	on J	am	(F) timate nount o other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	pensa om the anizati d relate anizatio	e Ion ed
1h	Subtotal								75,341.		0.			0.
с	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A	· · · · · · · ·				 		0. 75,341.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed ab	DOVE	e) wł	no re	eceived more than \$100),000 of reportab	le		Yes	0 No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual					· · · · · · ·					3		X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		r	4		X
	rendered to the organization? <i>If "Yes," com</i> tion B. Independent Contractors					-			-			5		Х
1	Complete this table for your five highest co the organization. Report compensation for	-									pens	ation f	rom	
	(A) Name and business			ONE					(B) Description of s		С	(C omper		n
	Takal sumbay at index at that a subscript of the		-1 "		al # -	41				and the set				
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot III	nite	u to '	thos (sted	above) who received h	IORE THAN		Form	990 (2	2021)

	n 990 (i		RY PARTNEI	RS		13-4294	962 Page 9
Pa	rt VII	I Statement of Revenue					
		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	Unrelated	(D) Revenue excluded from tax under sections 512 - 514
nts its	1 a	Federated campaigns 1a					
àrar oun		Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts		Fundraising events 1c					
Gift lar	d	Related organizations					
ns, Simi	е	Government grants (contributions) 1e	163,655.				
er S	f	All other contributions, gifts, grants, and					
Gh		similar amounts not included above 1f	288,355.				
ont nd (g	Noncash contributions included in lines 1a-1f		450 010			
<u>a</u> C	h	Total. Add lines 1a-1f		452,010.			
•			Business Code				
Program Service Revenue	2 a						
Ser	b						
	c d						
Be	e						
Pre		All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, inter					
		other similar amounts)	►	747.			747.
	4	Income from investment of tax-exempt bond	proceeds 🕨 🕨				
	5	Royalties					
		(i) Real	(ii) Personal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss)					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	1 a	assets other than inventory 7a					
	h	Less: cost or other basis					
е	~	and sales expenses					
evenue	с	Gain or (loss) 7c					
		Net gain or (loss)	►				
Other R		Gross income from fundraising events (not					
ð		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a	<u>ц</u>				
		Less: direct expenses 88					
		Net income or (loss) from fundraising events	····· ►				
	9а	Gross income from gaming activities. See					
	h	Part IV, line 19 9a Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold 10					
		Net income or (loss) from sales of inventory	>				
s			Business Code				
eou	11 a	MISCELLANEOUS	900099	912.			912.
Miscellaneous Revenue	b						
Scel	с						
Mis		All other revenue		010			
		Total. Add lines 11a-11d		912. 453,669.	0.	0.	1 650
	12	Total revenue. See instructions	🕨	400,009.	<u> </u>	U •	1,659. Form 990 (2021)
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LUBUTO LIBRARY PARTNERS

LUBUTO LIBRARY PARTNERS Part IX Statement of Functional Expenses

	Check if Schedule O contains a response	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	75 241		242	
	trustees, and key employees	75,341.	75,099.	242.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	140 100	140 220	0.51	
7	Other salaries and wages	149,189.	148,338.	851.	
8	Pension plan accruals and contributions (include	2 120	2 110	10	
_	section 401(k) and 403(b) employer contributions)	2,126. 116.	2,116.	10.	
9	Other employee benefits			22.	
10	Payroll taxes	4,554.	4,532.		
11	Fees for services (nonemployees):				
	F				
b	Legal	11 000		11 000	
	Accounting	14,088.		14,088.	
d	F				
	с с с с с с с с с с с с с с с с с с с				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	116,281.	114,242.	1,704.	335
	column (A), amount, list line 11g expenses on Sch 0.)	110,201.	114,242.	1,/04.	333
12	Advertising and promotion	10,485.	9,482.	727.	276
13	Office expenses	10,405.	9,402.	121•	270
14 4 5	Information technology				
15	Royalties	4,445.	4,445.		
16		990.	<u> </u>	25.	
17			505.	2.5 •	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20					
21	Payments to affiliates	22,709.	6,854.	15,855.	
22	Depreciation, depletion, and amortization	22,705.	0,0540	15,055	
23	Insurance				
24	above. (List miscellaneous expenses not covered line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	LIBRARY BOOKS	19,286.	19,286.		
b	SUPPLIES AND MATERIALS	16,948.	16,948.		
с	MISCELLANEOUS	15,374.	15,120.	248.	6
d	SCHOOL EXPENSES & FEES	6,380.	6,380.		
е	All other expenses	4,876.	4,461.	415.	
25	Total functional expenses. Add lines 1 through 24e	463,188.	428,383.	34,188.	617
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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Check here

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_____ if following SOP 98-2 (ASC 958-720)

10 2021.04021 LUBUTO LIBRARY PARTNERS Form **990** (2021)

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Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 185,097. basis. Complete Part VI of Schedule D _____ 10a 97,098. 110,231. 87,999. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 518,480. <u>569,8</u>75. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 5,514. 3,824. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, _iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 9,128. 0. 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 62,628. 158,434. 25 of Schedule D 77,270. 162,258. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 258,054. 293,862. Net assets without donor restrictions 27 27 183,156. 113,755. Net assets with donor restrictions 28 28 Organizations that do not follow FASB ASC 958, check here 🕨 🗌 and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 407,617. 441,210. Total net assets or fund balances 32 32 518,480. 569,875. 33 33 Total liabilities and net assets/fund balances ... Form 990 (2021)

LUBUTO LIBRARY PARTNERS

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

Accounts receivable, net

controlled entity or family member of any of these persons

5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%

1

2

3

4

5

(A)

Beginning of year

35,336.

372,913.

(B)

End of year

75,665.

406,211.

00485 1

1

2

3 4

Part X Balance Sheet

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

	1990 (2021) LUBUTO LIBRARY PARTNERS	13-429	4962	Paç	_{je} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
				_	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1	453		
2	Total expenses (must equal Part IX, column (A), line 25)	2	463		
3	Revenue less expenses. Subtract line 2 from line 1	3			19.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	441	.,2	10.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		•	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-24	.,0	74.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	407	,6	17.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2021)

132012 12-09-21

Department of the Treasury

Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization

Nan	lame of the organization Employer identification nu										
			TO LIBRARY				3-4294962				
Pa	rt I	Reason for Public (Charity Status.	All organizations must c	omplete t	his part.) S	see instruction	ıs.			
The	organ	ization is not a private found									
1		A church, convention of ch	urches, or associatio	on of churches described	d in sectio	on 170(b)(*	1)(A)(i).				
2	Ц	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(i	ii).				
4		A medical research organiz	ation operated in co	njunction with a hospital	l describe	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,		
		city, and state:									
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete Part II.)									
6		A federal, state, or local gov	vernment or governm	nental unit described in s	section 17	70(b)(1)(A)	(v).				
7	X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from t	he general	public described in		
		section 170(b)(1)(A)(vi). (C	omplete Part II.)								
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)						
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state o	f the colleg	e or		
		university:									
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from		
		activities related to its exen	npt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment		
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.		
		See section 509(a)(2). (Cor	mplete Part III.)								
11	Ц	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50)9(a)(4).				
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	e purposes of one or		
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box on		
	_	_lines 12a through 12d that	describes the type o	f supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.			
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s),	typically by	' giving		
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting		
		organization. You must o	complete Part IV, Se	ections A and B.							
b		Type II. A supporting org	anization supervised	l or controlled in connec	tion with i	ts support	ed organizatio	on(s), by ha	ving		
		control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported		
		_ organization(s). You mus	t complete Part IV,	Sections A and C.							
с		Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	Ily integrate	ed with,		
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.				
d		Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)		
		that is not functionally int	egrated. The organiz	ation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness		
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D	, and Part	V.				
е		Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III			
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.					
f	Ente	er the number of supported o	organizations								
g		vide the following information		U	(iv) is the orac	nization listed					
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	inization listed ing document?	(v) Amount o support (see ir		(vi) Amount of other support (see instructions)		
		organization		above (see instructions))	Yes	No					
Tota	al										

Schedule A (Form 990) 2021

LUBUTO LIBRARY PARTNERS

13-4294962 Page 2

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	759,075.	739,637.	423,558.	609,233.	452,010.	2,983,513.
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 \dots						
4	Total. Add lines 1 through 3	759,075.	739,637.	423,558.	609,233.	452,010.	2,983,513.
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)						279,407.
	Public support. Subtract line 5 from line 4.						2,704,106.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2017 759,075.	(b) 2018 739,637.	(c) 2019 423,558.	(d) 2020 609,233.	(e) 2021	(f) Total
7	Amounts from line 4	759,075.	739,637.	423,558.	609,233.	452,010.	2,983,513.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots				461.	747.	1,208.
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	10 015	1.6 0.01				10 000
	assets (Explain in Part VI.)	18,345.	16,921.		6,848.	912.	43,026.
11	Total support. Add lines 7 through 10						3,027,747.
	Gross receipts from related activities,					12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)	
0	organization, check this box and stor			<u></u>			
	ction C. Computation of Publ			(7)			89.31 %
	Public support percentage for 2021 (I					14	
	Public support percentage from 2020					15	,,,
168	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the c						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes	•					-
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	-			-	17a and line 15 is i	
D	10% -facts-and-circumstances tes	-					
	more, and if the organization meets the				• •		
10	organization meets the facts-and-circle		•	• •			
18	Private foundation. If the organizatio	T UIU HOL CHECK A		a, 100, 17a, 01 171	U, CHECK (HIS DOX 2		s Form 990) 2021
						Conequie A	1 5111 550 202 I

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LUBUTO LIBRARY PARTNERS

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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the								
~	organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
~									-
	Total. Add lines 1 through 5			+	+				
<i>i</i> a	Amounts included on lines 1, 2, and								
•	3 received from disqualified persons								_
	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
0	Add lines 7a and 7b								-
	Public support. (Subtract line 7c from line 6.)								-
e	ction B. Total Support								-
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	021	(f) Total	-
	Amounts from line 6	(u) 2011	(6) 2010	(0) 2010	(0) 2020	(0)2	021	(1) 10101	-
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
~	Add lines 10a and 10b								-
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
2	Other income. Do not include gain or loss from the sale of capital								_
3	assets (Explain in Part VI.)								
	First 5 years. If the Form 990 is for th	e organization's f	irst. second. third	fourth, or fifth tax	vear as a section !	501(c)(3) (organizatio	on.	-
-	check this box and stop here	ie eigenieurer					- gui - Lui -	▶	1
Sec	ction C. Computation of Publi	ic Support Pe							-
	Public support percentage for 2021 (I			column (f))		15			%
	Public support percentage from 2020		•			16			%
16 30	ction D. Computation of Invest					10		,	10
	-					47			_
	Investment income percentage for 20					17			%
	Investment income percentage from 2					18			%
9a	133 1/3% support tests - 2021. If the						and line 1	7 is not	1
h	more than 33 1/3%, check this box as 33 1/3% support tests - 2020. If the						3 1/3% a	▶∟_]
N	line 18 is not more than 33 1/3%, che								1
0									1
	Private foundation. If the organizatio	п ана пот спеск а		a, ULISD, CHECK I	The DUX and See Ins				
;20:	23 01-04-22			15		SC	nequie A	(Form 990) 202	.1
∩ 1	L014 745960 00485	201	21 0/021	-	BRARY PAR	กมษอด		00485 1	
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LUBUTO LIBRARY PARTNERS

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

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

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Schedule A (Form 990) 2021 LUBUTO LIBRARY PARTNERS

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		105	
d	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			

				_
			Yes	Ν
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		

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

Section E. Type III Functionally Integrated Supporting Organizations

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c ____ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

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Schedule A (Form 990) 2021

2a

2b

За

3b

Yes No

Schedule A (Form 990) 202
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LUBUTO LIBRARY PARTNERS

Part V Type III Non-Functionally Integrated 509(a)(3) Su			LJ-4294902 Pa
1 Check here if the organization satisfied the Integral Part Test as a	a qualifying trust on	Nov. 20, 1970 (explain in	Part VI). See instruction
All other Type III non-functionally integrated supporting organizat	ions must complete	Sections A through E.	
Section 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 instruction	s) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater am	iount,		
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		
Section 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-f	iunctionally integrate	ed Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	ion D ·	- Distributions		·		Current Year	
1	Amou	ints paid to supported organizations to accomplish exe	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported						
	orgar	izations, in excess of income from activity			2		
3	Admi	nistrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3		
4		ints paid to acquire exempt-use assets			4		
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6		distributions (describe in Part VI). See instructions.	· · · · · ·		6		
7	Total	annual distributions. Add lines 1 through 6.			7		
8	Distri	butions to attentive supported organizations to which the	ne organization is responsive	е			
	(provi	de details in Part VI). See instructions.	-		8		
9	Distri	butable amount for 2021 from Section C, line 6			9		
10	Line 8	3 amount divided by line 9 amount			10		
Secti	ion E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021	
1	Distri	butable amount for 2021 from Section C, line 6					
2	Unde	rdistributions, if any, for years prior to 2021 (reason-					
		cause required - explain in Part VI). See instructions.					
3	Exces	ss distributions carryover, if any, to 2021					
а	From	2016					
b	From	2017					
с	From	2018					
d	From	2019					
е	From	2020					
f	Total	of lines 3a through 3e					
g	Appli	ed to underdistributions of prior years					
h	Appli	ed to 2021 distributable amount					
i	Carry	over from 2016 not applied (see instructions)					
j	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distri	butions for 2021 from Section D,					
	line 7	: \$					
а	Appli	ed to underdistributions of prior years					
b	Appli	ed to 2021 distributable amount					
с	Rema	ainder. Subtract lines 4a and 4b from line 4.					
5	Rema	aining underdistributions for years prior to 2021, if					
	any. S	Subtract lines 3g and 4a from line 2. For result greater					
	than :	zero, explain in Part VI. See instructions.					
6	Rema	aining underdistributions for 2021. Subtract lines 3h					
	and 4	b from line 1. For result greater than zero, explain in					
	Part	VI. See instructions.					
7	Exce	ss distributions carryover to 2022. Add lines 3j					
	and 4	с.					
8	Break	down of line 7:					
а		ss from 2017					
b	Exces	ss from 2018					
с	Exces	ss from 2019					
d	Exces	ss from 2020					
е	Exces	ss from 2021					

Schedule A (Form 990) 2021

132027 01-04-22

	Schedule A	(Form 990) 2021
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line 1; Part IV, Section A, lines 1, 2, line 1; Part IV, Section D, line Section D, lines 5, 6, and 8; a (See instructions.)	, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c es 2 and 3; Part IV, Section E, lir and Part V, Section E, lines 2, 5	es 1c, 2a, 2b, 3a and 6. Also com	, and 3b; Part V, plete this part fo	line 1; Part V, Section r any additional inform	B, line 1e; Part V nation.
32028 01-04-22		• -		Sched	ule A (Form 990)
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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

LUBUTO LIBRARY PARTNERS	LUBUTO	LIBRARY	PARTNERS
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Organization type (check one):					
Filers of:	Section:				
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Name of organization

Part I

Page 2
Employer identification number

13 - 4294962

LUBUTO LIBRARY PARTNERS

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$116,430.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2 		\$20,030.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4 		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5 		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 		\$18,244.	Person X Payroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990) (2021)

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

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22 2021.04021 LUBUTO LIBRARY PARTNERS

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Name of organization

Page 2

Employer identification number

LUBUTO LIBRARY PARTNERS

13 - 4294962

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$30,843.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ <u>28,981.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
123452 11-11	-21 ? 3		Schedule B (Form 990) (2021)

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Schedule B (Form 990) (2021))
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Name of organization

Page 3

Employer identification number

13-4294962 LUBUTO LIBRARY PARTNERS Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) Description of noncash property given from Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I

123453 11-11-21

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Schedule B (Form 990) (2021)

Schedule E	3 (Form 990) (2021)		Page 4
Name of or	ganization		Employer identification number
LUBUTC	D LIBRARY PARTNERS		13-4294962
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	 a) through (e) and the following line er charitable, etc., contributions of \$1,000 or 	section 501(c)(7), (8), or (10) that total more than \$1,000 for the year ntry. For organizations r less for the year. (Enter this info. once.) \$
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transfer of git	ift Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—		(e) Transfer of git	
-	Transferee's name, address, a		Relationship of transferor to transferee
123454 11-11-	-21		Schedule B (Form 990) (2021)

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25 2021.04021 LUBUTO LIBRARY PARTNERS

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SCHEDULE D

(Form	990)
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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.



Employer identification number

13-4294962

Department of the Treasury Internal Revenue Service Name of the organization

LUBUTO LIBRARY PARTNERS

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, line		Accounts. Complete if the
	organization answered fres on Form 990, Part IV, in		(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 fu	nds
	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		
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org		
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) 🛛 Preservation of a hist	torically important land area
	Protection of natural habitat	Preservation of a cer	tified 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 c	onservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orga	nization during the tax
	year ►		
4	Number of states where property subject to conservation eas	sement is located 🕨	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservat	tion easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	easements during the year
	►\$		
8	Does each conservation easement reported on line 2(d) abov	• • • • • • • • • • • • • • • • • • • •	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footn		hat describes the
Der	organization's accounting for conservation easements.		Similar Acceta
Par			Similar Assets.
	Complete if the organization answered "Yes" on Form		
Ia	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pub		ance of public
L	service, provide in Part XIII the text of the footnote to its finar		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherand	ce of public service,
	provide the following amounts relating to these items:		► ¢
	(i) Revenue included on Form 990, Part VIII, line 1		
~			
2	If the organization received or held works of art, historical treat the following amounts required to be reported under EASP A		, provide
_	the following amounts required to be reported under FASB A	-	► ¢
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions		
		5 101 FUTIII 330.	Schedule D (Form 990) 202
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2021.04021 LUBUTO LIBRARY PARTNERS

Sche	dule D (Form 990) 2021 LUBUTO	LIBRARY PA	RTNEF	នេ			-	13-42	9496	2 _{Pa}	age 2
Pa	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, o	or Othe	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the	following tha	at make s	significant	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 L	oan or excl	nange progra	am					
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	ey further th	ne organizati	ion's exe	mpt purpo	ose in Parl	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or oth	er simila	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	the organ	ization's co	llection?				Yes		No
Pa	t IV Escrow and Custodial Arran	gements. Comple	ete if the	organizatio	n answered	"Yes" on	Form 990), Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for c	ontribution	s or other as	ssets not	included		-		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:							
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance								1		
	Did the organization include an amount on Fe						• • • • • • • • • •	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.										
Pa	t V Endowment Funds. Complete it							aara baak	(-) [000	Vaara	haali
		(a) Current year	(b) Pr	ior year	(c) Two yea	IS DACK	(a) Three y	ears Dack	(e) Four	years	DACK
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end baland		ı, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
	Permanent endowment	%									
с	·	%									
-	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ssion of the organization	ation that	are held a	nd administe	ered for t	ne organiz	ation	Г	Yes	No
	by:									res	NO
	(i) Unrelated organizations								3a(i)		
L.	(ii) Related organizations	tione lieted on very							3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Pa	t VI Land, Buildings, and Equipm		owment it	unus.							
1 4	Complete if the organization answered) Part IV	line 11a S	ee Form 99(0 Part X	line 10				
	Description of property	(a) Cost or o	· · · ·	(b) Cost			ccumulate	d l	(d) Boo	e volu	
	Description of property	basis (investr		basis (. ,	preciation		(u) B00	n valu	5
19	Land			54010			2. COlation				
	Land										
	Buildings Leasehold improvements										
	Equipment			7	4,787.		40,10	63.	3	4,6	24.
	Other				0,310.		56,93			$\frac{1}{3}, \frac{3}{3}$	
	Add lines 1a through 1e. (Column (d) must e		X colum		-		,,,			7,9	
1010		quari cini coo, i art	.,							,-	

Schedule D (Form 990) 2021

132052 10-28-21

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(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
1) Financial derivatives			-
Closely held equity interests			
B) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	1-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (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)			
(1)			
(2)			
(2) (3)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7) (8) (9)			
(2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line	ə 15.)		
(2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line	,	11e or 11f. See Form 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) tral. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	,	▶ 11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) ttal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"	,	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	,	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE	,	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Mat. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3)	,	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4)	,	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5)	,	▶ 11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6)	,	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6) (7)	,	11e or 11f. See Form 990, Part X, line 25	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6) (7) (8)	,	11e or 11f. See Form 990, Part X, line 25	
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) REFUNDABLE ADVANCE (3) (4) (5) (6) (7)	on Form 990, Part IV, line		(b) Book value

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) 2021

132053 10-28-21

	dule D (Form 990) 2021 LUBUTO LIBRARY PARTNERS			13-4	4294962 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	n Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	568,334.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		114,665.	-	
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	114,665.
3	Subtract line 2e from line 1			3	453,669.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				453,669.
Pa	t XII Reconciliation of Expenses per Audited Financial State		h Expenses per	r Retur	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	577,853.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а					
a	Donated services and use of facilities	2a	114,665.		
b	Donated services and use of facilities Prior year adjustments		114,665.		
		2b	114,665.	-	
b c	Prior year adjustments	2b 2c	114,665.		
b c d	Prior year adjustments Other losses	2b 2c 2d		2e	114,665.
b c d	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2b 2c 2d			114,665. 463,188.
b c d e	Prior year adjustments Other losses Other (Describe in Part XIII.)	2b 2c 2d		2e	
b c d e 3	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2b 2c 2d		2e	
b c d 3 4 a	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2b 2c 2d 2d		2e	
b c d 3 4 a b	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2b 2c 2d 4a 4b		2e	463,188.
b c 3 4 b 5	Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2b 2c 2d 4a 4b		2e 3	463,188.

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

PART X, LINE 2:

FOR	\mathbf{THE}	YEAR	ENDED	DECEMBER	31,	2021,	LLP	HAS	DOCUMENTED	ITS	CONSIDERATION
-----	----------------	------	-------	----------	-----	-------	-----	-----	------------	-----	---------------

OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR REPORTING

UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL UNCERTAIN

TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE

FINANCIAL STATEMENTS.

132054 10-28-21

Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fc	prm990 for instructions and the lates	t information.		en to Public pection
Name of the organization	, , , , , , , , , ,					tification number
	ם המזעשת עם				12 42040	
LUBUTO LIBRARY			tside the United States. Compl		13-42949	
Form 990, Part			iside the Onited States. Compi	ete il the organ	lization answered	res on
		n maintain recor	ds to substantiate the amount of its gr	ants and other	assistance,	
the grantees' eligibility	for the grants or a	assistance, and	the selection criteria used to award th	e grants or ass	istance?	Yes 🗌 No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of it	ts grants and o	ther assistance o	utside the
	The following Parl	t I. line 3 table ca	an be duplicated if additional space is	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-		gram service,	expenditures for and
	in the region	independent contractors	gram services, investments, grants to		e specific type	investments
		in the region	recipients located in the region)	of service	(s) in the region	in the region
		10	PROGRAM GERVITORS		RARY SERVICES	202 102
SUB-SAHARAN AFRICA		. 19	PROGRAM SERVICES	FOR CHILDRE	EN AND YOUTH	302,193.
	-					
3 a Subtotal	1	. 19				302,193.
b Total from continuation	1					
sheets to Part I	0	с <u>с</u>				0.

Statement of Activities Outside the United States

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

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

19

Schedule F (Form 990) 2021

132071 12-20-21

SCHEDULE F

(Form 990)

c Totals (add lines 3a

and 3b)

302,193.

OMB No. 1545-0047

Open to Public

LUBUTO LIBRARY PARTNERS

Page 2

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
	2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax							
			or counsel has provided a sec	ction 501(c)(3) ea	quivalency letter	🕨		
3 Enter total number of	other organizations of	or entities				🕨		

Schedule F (Form 990) 2021

Page 3

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

	_			_ ~	4			
Schedu	e F (Form 990) 2021 I	UBUTO LIBRARY PARTNERS			13	13-4294962		
Part III	Grants and Other Assistant	ce to Individuals Outsid	le the United St	ates. Complete i	f the organization answered "Yes" o	on Form 990, Par	t IV, line 16.	
	Part III can be duplicated if a	dditional space is neede	ed.					
(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	

Schedule F (Form 990) 2021

	(Form 990) 2021		LIBRARY	PARTNERS
Part IV	Foreign Form	າຣ		

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? <i>If</i> "Yes," <i>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)</i>	🗌 Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	🗌 Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	🗌 Yes	X No

Schedule F (Form 990) 2021

132074 12-20-21

Part V Supplemental Information

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

		Oshadala E/E
32075 12-20-21	34 2021.04021 LUBUTO LIBRARY PARTN	Schedule F (Form 990

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

13-4294962

LUBUTO LIBRARY PARTNERS

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 MAY, 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. Schedule O (Form 990) 2021 192211 11-11-21 FORM 990, PART VI, SECTION B, LINE 15:

THE PRESIDENT OF THE ORGANIZATION TYPICALLY SERVES WITHOUT COMPENSATION. IN CERTAIN YEARS, A GRANT MAY FUND AN AMOUNT FOR HER SERVICES. IN THE CURRENT YEAR, SHE RECEIVED \$4,846 THAT WAS FUNDED BY A GRANT 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 GUIDESTAR WEBSITE.

THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

CONSULTANTS:

PROGRAM SERVICE EXPENSES	17,562.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	17,562.

SECURITY:

PROGRAM SERVICE EXPENSES	1,057.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,057.

132212 11-11-21

Schedule O (Form 990) 2021	Page 2
Name of the organization LUBUTO LIBRARY PARTNERS	Employer identification number 13-4294962
PROFESSIONAL CONSULTING FEES:	·
PROGRAM SERVICE EXPENSES	95,623.
MANAGEMENT AND GENERAL EXPENSES	1,704.
FUNDRAISING EXPENSES	335.
TOTAL EXPENSES	97,662.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	116,281.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

EXCHANGE RATE LOSS

-24,074.

PART VIII, LINE 1F

ON MAY 3, 2020, LLP RECEIVED LOAN PROCEEDS IN THE AMOUNT OF \$9,128 UNDER THE PAYCHECK PROTECTION PROGRAM. ON FEBRUARY 8, 2021, LLP RECEIVED A SECOND ROUND OF FUNDING UNDER THE PAYCHECK PROTECTION PROGRAM IN THE AMOUNT OF \$9,327. UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT (CARES ACT), THE PROMISSORY NOTES MUST BE USED FOR CERTAIN EXPENDITURES WITHIN A 24-WEEK PERIOD TO ULTIMATELY BE FORGIVEN BY THE SMALL BUSINESS ADMINISTRATION. DURING THE YEAR ENDED DECEMBER 31, 2021, LLP EXPENDED AND TRACKED THE PPP FUNDS FOR PURPOSES OUTLINED IN THE CARES ACT GUIDANCE AND MET ALL CONDITIONS SET FORTH FOR FULL FORGIVENESS. LLP RECEIVED NOTIFICATION THE TOTAL AMOUNT OF THE PPP FUNDS WERE FORGIVEN BY THE SBA ON APRIL 1, 2021 AND DECEMBER 8, 2021, RESPECTIVELY. ACCORDINGLY, LLP RECORDED REVENUE FROM EXTINGUISHMENT OF DEBT IN THE AMOUNT OF \$18,455 DURING THE YEAR ENDED DECEMBER 31, 2021.

132212 11-11-21