

GELMAN ROSENBERG & FREEDMAN 4550 MONTGOMERY AVENUE, SUITE 800 NORTH BETHESDA, MD 20814-2930

OCTOBER 30, 2023

LUBUTO LIBRARY PARTNERS 5614 CONNECTICUT AVENUE, NW 368 WASHINGTON, DC 20015

LUBUTO LIBRARY PARTNERS:

ENCLOSED IS THE ORGANIZATION'S 2022 EXEMPT ORGANIZATION RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE NOVEMBER 15, 2023.

MAIL TO:

DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

GELMAN ROSENBERG & FREEDMAN

GELMAN ROSENBERG & FREEDMAN 4550 MONTGOMERY AVENUE, SUITE 800 NORTH BETHESDA, MD 20814-2930

OCTOBER 30, 2023

LUBUTO LIBRARY PARTNERS 5614 CONNECTICUT AVENUE, NW 368 WASHINGTON, DC 20015

LUBUTO LIBRARY PARTNERS:

WE HAVE PREPARED AND ENCLOSED YOUR 2022 FORM 114, REPORT OF FOREIGN BANK AND FINANCIAL ACCOUNTS.

FORM 114 HAS BEEN PREPARED FOR ELECTRONIC FILING. PLEASE SIGN, DATE, AND RETURN FORM 114A TO OUR OFFICE. WE WILL THEN TRANSMIT YOUR REPORT TO THE FINCEN.

RETURN FORM 114A TO US AS SOON AS POSSIBLE.

A COPY OF THE FORM IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

GELMAN ROSENBERG & FREEDMAN

Filing Instructions					
Prepared for:	Prepared by:				
LUBUTO LIBRARY PARTNERS 5614 CONNECTICUT AVENUE, NW 368 WASHINGTON, DC 20015	GELMAN, ROSENBERG & FREEDMAN 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930				
2022 FORM 990					
PLEASE SIGN AND MAIL ON OR BEFORE N	NOVEMBER 15, 2023.				
MAIL TO - DEPARTMENT OF THE T INTERNAL REVENUE SP OGDEN, UT 84201-00	ERVICE CENTER				
REPORT OF FOREIGN BANK AND FINANCIAL	ACCOUNTS				
	CTRONIC FILING. PLEASE SIGN, DATE, AND E WILL THEN TRANSMIT YOUR REPORT TO 5 AS SOON AS POSSIBLE.				

Form	114a	Recor	rd of Auth	noriza	ation to						
Department of			ronically	File	FBARs						
Financial Crime	es Enforcem (FinCEN)	lent	nt (See instructions below for completion)								
					for your records.						
May	2015						.	סדדים <i>ר</i>	ר דר	0220001	
Part I Per	sons who h	ave an obligation to file a Report	orm 114a may be				шо	<u>B01(</u>		0220001	
1.0.		tity's legal name	or roreign bank		ner first name				3	. Owner M.I.	
		Y PARTNERS									
4. Spouse last name (if jointly filing FBAR - see instructions below) 5. Spouse first name						6. Spouse M.I.					
I/we declare that I/we have provided information concerning <u>5</u> (enter number of accounts) foreign bank and financial account(s) for the filing year ending December 31, <u>2022</u> to the preparer listed in Part II; that this information is to the best of my/our knowledge true, correct, and complete; that I/we authorize the preparer listed in Part II to complete and submit to the Financial Crimes Enforcement Network (FinCEN) a Report of Foreign Bank and Financial Accounts (FBAR) based on the information that I/we have provided; and that I/we authorize the preparer listed in Part II to receive information from FinCEN, answer inquiries and resolve issues relating to this submission. I/we acknowledge that, notwithstanding this declaration, it is my/our legal responsibility, not that of the preparer listed in Part II, to timely file an FBAR if required by law to do so.											
7. Owner sigr	nature (Auth	orized representative if entity)	8. Date		9. Owner or entity TI	N	10. TIN	l a	X	EIN	
	, , , , , , , , , , , , , , , , , , ,				134294962		typ			SSN/ITIN	
11. Spouse si	anature		MM DD Y 12. Date	YYY	13. Spouse TIN		14. TIN	<u> </u>		Foreign EIN	
TT. Spouse si	gnature		12. Date		13. Spouse Inv		typ			SSN/ITIN	
Part II Ind				<u>YYY</u>				С		Foreign	
15. Preparer l		Entity Authorized to File FBAR on	16. Preparer fir			17. Prep	arer M	1 18	R Pr	eparer PTIN	
	ast name		To: Treparer m	1 St Hame							
LOCASTRO	CPA		RICHARD				J	P(02	88314	
19. Address			20. City			21. Stat	е) 22. ZIP/		P/postal code	
4550 MOI	TGOME	RY AVE SUITE 800N	BETHESDA	-		MD		208142930			
23. Country	24.	Preparer's (item 15) employer's (En	itity) name	25. E	Employer EIN	26. Prep	parer's	arer's signature			
code US	GE	LMAN, ROSENBERG &	FREEDMAN	5	2-1392008						
		Instructions for comp	leting the FBAR	Signatu	re Authorization Reco	ord					
services. The FBAR. The Pr	completed i eparer/filing	leted by the individual or entity gran ecord <u>must</u> be signed by the individ entity must be registered with FinC	dual(s)/entity gran	nting the	authorization (Part I) a	nd the inc	dividual	/entity	that	will file the	
Read and con	nplete the a	ccount owner statement in Part I.									
		to file the Foreign Bank and Financi late the document in Part I, items 7/	-	-			-	e Part I,	item	ns 1 through	
Accounts Jointly Owned by Spouses (see exceptions in the FBAR instructions) If the account owner is filing an FBAR jointly with his/her spouse, the spouse must also complete Part I, items 4 through 6. The spouse must also sign and date the report in items 11/12, (item 11 may be digitally signed) and complete items 13 and 14. A third party preparer may be one of the spouses of the jointly owned foreign account. In this case, both spouses must complete Part I of form 114a in its entirety. The third party preparer (spouse) that will file the FBAR on behalf of both spouses will complete Part II in its entirety (do not use such terms as <i>see above,</i> or <i>same as item</i> <i>number x</i>). Complete Part II, items 15 through 18 with the preparer's information. The address, items 19 through 23, is that of the preparer or the preparer's											
item 18 blank	employer if the preparer is an employee. Record the employer's information (if any) in items 24 and 25. If the preparer does not have a PTIN, leave item 18 blank. The third party preparer must sign in item 26 (digital signature acceptable) of Part II indicating that the FBAR will be filed as directed by the authorizing authority.										
		t I, and the person listed in Part II a tion and the filing itself, both for a p DO NOT SEND THIS REC	eriod of 5 years.	See 31 (CFR 1010. 430(d).		t I, sho	uld reta	ain co	opies	
220011 04-01-22								Rev. 10).7 N	lay 21, 2015	

Form 990

** 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.



Depa	artment nal Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and	the latest i	nformation.	Inspection	
And in case of the local division of the loc	No. of Concession, Name		dar year, or tax year beginning and	d ending			
B	Check if applicat	De: C Name of	e: C Name of organization D Employer identification num				
	Addr		JTO LIBRARY PARTNERS		n din barn barne mel		
	Name Doing business as		13-429496	52			
	Initia	and a second	r and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	Manage and a second	
Final return/			1 CONNECTICUT AVENUE, NW	368	202-558-5		
	termi ated	City or	town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	380,150.	
	Amer	WASI	IINGTON, DC 20015		H(a) Is this a group ref		
	Appli tion pend		and address of principal officer: JANE KINNEY MEYERS AS C ABOVE		for subordinates? H(b) Are all subordinates inc		
1	Tax-ex	empt status:		or 527	If "No," attach a I	ist. See instructions	
	Nebsi	and the second se	LUBUTO.ORG	terre di	H(c) Group exemption		
			X Corporation Trust Association Other	L Year	of formation: 2005 M	State of legal domicile: DC	
Pa	art I	Summary				angen dir Style and an	
Ø	1	Briefly descri	be the organization's mission or most significant activities: SEE	PART 1	III, LINE 1.	na fra - fraharayaa bari ya	
Governance							
rne	2	Check this be		osed of more			
- NO	3				3	6	
	4		dependent voting members of the governing body (Part VI, line 1b)			6	
Activities &	5	Total number	of individuals employed in calendar year 2022 (Part V, line 2a)		5	2	
viti	6	Total number	of volunteers (estimate if necessary)		6	0	
cti	7 a	Total unrelate	ed business revenue from Part VIII, column (C), line 12		7a	0.	
٩	b	Net unrelated	I business taxable income from Form 990-T, Part I, line 11			0.	
				an ayan s	Prior Year	Current Year	
n	8	Contributions	and grants (Part VIII, line 1h)		452,010.	377,802.	
ňu	9	Program serv	ice revenue (Part VIII, line 2g)		0.747.	0.	
Revenue	10	Investment in	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			738.	
ã	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		912.	1,610.	
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		453,669.	380,150.	
	13		milar amounts paid (Part IX, column (A), lines 1-3)	1.12	0.1	0.	
	14		to or for members (Part IX, column (A), line 4)		0.	0.	
10	15		er compensation, employee benefits (Part IX, column (A), lines 5-10)		231,326.	217,261.	
See	16a	1.5	fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Expenses	b		sing expenses (Part IX, column (D), line 25) 1,3	70.	ind as the ref		
Ň	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	10 11 11 11 11 11 11 11 11 11 11 11 11 1	231,862.	343,589.	
	18		es. Add lines 13-17 (must equal Part IX, column (A), line 25)	e de servit e e	463,188.	560,850.	
	19		expenses. Subtract line 18 from line 12		-9,519.	-180,700.	
-La					eginning of Current Year	End of Year	
ets and	20	Total assets (Part X, line 16)		569,875.	280,680.	
Net Assets or	21		s (Part X, line 26)		162,258.	49,645.	
Vet	22		fund balances. Subtract line 21 from line 20	1 (1 () () () () () () () () ()	407,617.	231,035.	
Pa	art II	Signatur					
	Concern and the second		I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of my l	knowledge and belief, it is	
			 Declaration of greparer (other than officer) is based on all information of w 				
<u></u>	00110				Brd. 20	,2023	

Sign	Signature of officer		Date
Here	JANÉ KINNEY MEYERS, PRESI Type or print name and title	DENT & BOARD CHAIR	
	Print/Type preparer's name	Preparer's signature Dat	
Paid	RICHARD J. LOCASTRO, CPA		
Preparer	Firm's name GELMAN, ROSENBERG	& FREEDMAN	Firm's EIN 52-1392008
Use Only	Firm's address 4550 MONTGOMERY A		un et ym et an eilen. Naf i war en er
	BETHESDA, MD 2081	4-2930	Phone no. 301 - 951 - 9090
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2022)

Form	990 (2022) LUBUTO LIBRARY PARTNERS	13-4294962	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission: <u>LUBUTO LIBRARY PARTNERS IS AN INNOVATIVE DEVELOPMENT ORG</u>	ANIZATION THA	<u></u>
	BUILDS THE CAPACITY OF PUBLIC LIBRARIES IN AFRICA TO CREA		
		ISSION IS TO	
	EMPOWER AFRICAN CHILDREN TO HELP THEM LEARN KNOWLEDGE AND	D 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.	Yes	XNo
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
3	If "Yes," describe these changes on Schedule O.		<u>21</u> NU
4	Describe the organization's program service accomplishments for each of its three largest program services, as i	manaurad by avpanage	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		4
	revenue, if any, for each program service reported.	s, the total expenses, and	1
4a	(Code:) (Expenses \$ 233,136 · including grants of \$) (Reven		
чa	CONSTRUCTION OF A NEW LIBRARY AT THE ST. DANIEL COMBONI)
	LUSAKA WAS MOSTLY COMPLETED DURING THE YEAR, WITH FUNDS		
	AMERICAN SCHOOLS AND HOSPITALS ABROAD (ASHA). ADDITIONAL		
	ASHA-FUNDED RENOVATION AND CONSTRUCTION OF THE LUBUTO MO		
	COMMENCED AND ADVANCED DURING THE YEAR.	DEL LIDRARI	
	COMMENCED AND ADVANCED DURING THE TEAR.		
	175 600		
4b	(Code:) (Expenses \$175,600. including grants of \$) (Reven)
	STAFFS AT FOUR LUBUTO LIBRARIES PROVIDED COMPREHENSIVE L		
		AMBIA. THESE	
	SERVICES INCLUDE DAILY READ-ALOUD PROGRAMS AND INDIVIDUA		10
	ADVISORY, FILM PRESENTATIONS, VISUAL ARTS AND DRAMA PROG	· · · · · · · · · · · · · · · · · · ·	NG
	· · · · · · · · · · · · · · · · · · ·	UTREACH, AND	
	USE OF COMPUTERS AND COMPUTER-BASED LITERACY LESSONS IN		
	LANGUAGES. THESE PROGRAMS WERE CARRIED OUT REGULARLY AT		<u> </u>
	MTHUNZI AND CHOMA LIBRARIES, AND TO A LIMITED EXTENT AT		
	LIBRARY, WHOSE ACTIVITIES WERE LIMITED AFTER THE 2021 FI		
	DURING RECONSTRUCTION/CONSTRUCTION BUT THEY WERE OFFERE		
	OUTDOOR SPACES. NEW STAFF WERE HIRED AND TRAINED TO WOR	K AT THE	
	LIBRARY IN NABUKUYU.		
4c	(Code:) (Expenses \$115,978. including grants of \$) (Reven WITH FUNDING FROM THE TEMPLETON FOUNDATION'S INNOVATIONS)
	DEVELOPMENT PROGRAM, THE UPDATED COMBINED LUBUTOMENTORING		
	STONES SRH (SEXUAL AND REPRODUCTIVE HEALTH) CURRICULUM M		
	IDENTIFICATION AND RECRUITMENT OF COHORTS) WAS CARRIED OF	UT THROUGHOUT	
	THE YEAR BY LUBUTO STAFF TRAINED IN THE MENTORING.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 524,714.		0 /
		Form 99	U (2022)
232002	2 12-13-22		
310	2 130 745960 00485 2022.05000 LUBUTO LIBRARY	′ ₽ ₽₽ ₩₩₩₽₽ ^	0485

00485__1 2022.05000 LUBUTO LIBRARY PARTNERS

Form	aan	(2022)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	<u> </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			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	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	-		x
6	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
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? <i>If</i> "Yes," <i>complete Schedule D, Part I</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? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		_ <u></u>
Ū	Schedule D, Part III	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?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	<u> </u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
'	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	х	
1 2 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 23	<u> </u>
120	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</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			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	10		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
		20a 20b		
21	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			
	domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		x
232003			990	(2022)

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232003 12-13-22

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2022.05000 LUBUTO LIBRARY PARTNERS

Form	990	(2022)
	330	(2022)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
•	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization required, terminate, or dissorte and cease operations? <i>If 'Yes, 'complete Schedule N, Part 1</i>			
02	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	5 5 5 5	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
34		34		x
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>
b		35b		
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	000		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
37		37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 3/		<u> </u>
30		38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	00	~~	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	
	Enter the number reported in box 3 of Form 1090. Enter -0- if not applicable 1a 1b 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(analytical) uniquipage to anise unique of	1c	х	
02000				(2022)
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Pa	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)		¥.	
20	Enter the number of employees reported on Form W.2. Transmittal of Wage and Tax Statements		Yes	No
Za	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 2a			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
- 3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ZAMBIA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5b</u>		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	0		x
h	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
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 was required			
	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 contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7g	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>A</u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
-	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds. N / λ	0-		
a h	Did the sponsoring organization make any taxable distributions under section 4966? N/A Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9a 9b		<u> </u>
ь 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A Section 501(c)(7) organizations. Enter:	90		
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			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? 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			
	Enter the amount of reserves on hand	14a		X
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A	17		
	If "Yes," complete Form 6069.			
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LUBUTO LIBRARY PARTNERS

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

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

		ı	1	-		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>		6	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		6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the			ion			
	of officers, directors, trustees, or key employees to a management company or other person?				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso				5		x
6					6		x
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap				L.		
74	more members of the governing body?				7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st				<u> </u>		
5					7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
		-	-		0.0	х	
	The governing body?				8a	X	
	Each committee with authority to act on behalf of the governing body?				8b	~	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re-	/enue	Code.)				
						Yes	
	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics of such c						
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befo	re filing the	e form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y						
	on Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approval				17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by III	dependen				
-					150		x
	The organization's CEO, Executive Director, or top management official				15a		X
D	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 arrangent taxable entity during the year?				16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipatio	'n			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	ı's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filedMD						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, ar	d 990)-T (sectior	າ 501(c)(3)ະ	s only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		()	()()	,,		
	Own website X Another's website Upon request Other (explain	on S	hedule O				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co				1 finan	cial	
	statements available to the public during the tax year.			, onoy, and			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke on	d recorde				
20	JANE KINNEY MEYERS - 202-558-5609	no all	u records				
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Part VII	Compensation of Officers, D	Directors, Trustees,	Key Employees,	Highest	Compensated
	Employees, and Independer	nt Contractors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle:	ss per	more rson i	1 than o is both pr/trus T	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JANE KINNEY MEYERS PRESIDENT	60.00			x				932.	0.	0.
(2) ANNE CAPUTO	1.00					\vdash		552.		
BOARD MEMBER TO 4/1/22		x						0.	0.	0.
(3) BRIAN DEMARCHI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(4) SILVINA FERNANDEZ-DUQUE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(5) ADAM HOSTETTER	1.00									•
BOARD MEMBER TO 11/11/22	1 00	Х						0.	0.	0.
(6) STACY LANGNER BOARD MEMBER TO 11/11/22	1.00	x						0.	0.	0.
(7) SALLY SINN	1.00	^				<u> </u>		0.	0.	0.
BOARD MEMBER	1.00	х						0.	0.	0.
(8) PAMELA TRIPP-MELBY	1.00									
BOARD MEMBER TO 2/25/22		х						0.	0.	0.
(9) SHELLEY CAMPBELL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) BILL FISHER	1.00									
BOARD MEMBER		х						0.	0.	0.
(11) STEPHANIE SAMS BOARD MEMBER	1.00	x						0.	0.	0.
		-								
232007 12-13-22										Form 990 (2022)

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232007 12-13-22

Form 990 (2022)

	990 (2022) LUBUTO LI	BRARY P	AR	TN	ER	S				13-42	2949	962	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploye	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	box, offic	not c , unles cer an	Pos heck i ss per	more rson i irecto	than c s both r/trust	an tee)	(D) Reportable compensation from the organization	(E) Reportable compensatio from related organization (W-2/1099-MIS	on d s	arr com	(F) timate nount o other pensa om the	of tion
		related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		and	anizati d relate anizatio	ed
c d		, Section A	·····	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				932. 0. 932.	000 of reportable	0.0.0.			0. 0. 0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable	<u>}</u>		<u>v</u>	0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	uch individual									[3	Yes	No 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	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such individual			4		X
Sec	rendered to the organization? <i>If</i> "Yes." <i>com</i> tion B. Independent Contractors										<u></u>	5		X
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								oensati	on fro	m	
	(A) Name and business	,		DNE	0				(B) Description of s		Co	(C omper	;) nsatior	<u>ו</u>
								_						
								_						
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nitec	d to t	thos C		ted	above) who received mo	ore than			000 //	
											F	-orm	990 (2	2022)

Check If Schedule O contains a response or note to any line in the Part VII (C) Response (C) Response (C) Response Response (C) Response Response (C) Response	Form	990) (2		AR	PARTNER	RS		13-4294	962 Page 9
All Total revenue (PA) District or evenue (PA	Par	t V	111	Statement of Revenue						
CA CA CB Utility of the second base base of the second base of the second base of the secon				Check if Schedule O contains a respor	nse o	r note to any line	e in this Part VIII			
Boold of the second state of the se							(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded from tax under sections 512 - 514
Boold of the second	S S	1	а	Federated campaigns 1a						
Business Code Business Code a	unt									
Business Code Business Code 2	٦ ق									
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a Total. Add lines 2a 2f 3 Investment income (including dividends, interest, and other similar amounts) 738. 4 Income from investment of tax exempt bond proceeds 5 Royalties 6a 6 a Gross rents 6b b Less: rental expenses 6b c Rental income or (loss) 6c 7 a Gross anount from sales of assets other than inventory assets other than inventory 6c a Income from investment of tax exempt bond proceeds 7a 7a Gross anount from sales of assets other than inventory 6c c Gain or (loss) 7c 7a Total. Add ines of (loss) 7a 7c C c d Net gain or (loss) 7c d Net gain or (loss) 8a forces income from fundraising events (not including \$activities. 0 b Less: direct expenses 9a gain 9a 9a 9a Gross income from gaming activities. 0 9a Gross income from gaming activities. 0a 10a	ice				-					
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6 a Gross rents (i) Real (ii) Personal b Less: rental expenses 6b				-						
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b Less: rental expenses 6b				(I) Real		(II) Personal				
c Rental income or (loss) Gc		6	а	Gross rents 6a						
d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a 7a 7a b Less: cost or other basis and sales expenses 7b 7c 7c c Gain or (loss) 7c 7c 7c d Net gain or (loss) 7c 7c 7c d Net agin or (loss) 7c 7c 7c d Net gain or (loss) 7c 7c 7c d Net agin or (loss) 7c 7c 7c d Net agin or (loss) 7c 7c 7c d Net agin or (loss) 7c 7c 7c d Net science from fundralising events (not including \$ 7c 7c 7c g Gross income from gaming activities. See Part IV, line 19 9a 9a 9a 9b b Less: circet expenses 9b 9b 9b 9b 9b 9c c Net income or (loss) from gaming activities 10a 10a 10a 10a d			b	Less: rental expenses 6b						
7 a Gross amount from sales of assets other than inventory 7a (i) Securities (ii) Other 7a Gross income that inventory 7a 1 1 6 Gain or (loss) 7c 1 1 6 7a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 1 1 1 8 a Gross income from fundraising events 0 1 1 1 1 9 a Gross income from gaming activities. See 8a 8a 1 1 1 9 a Gross income from gaming activities. See 9a 9a 9a 9a 1 <										
assets other than inventory Ta Ta b Less: cost or other basis and sales expenses Tb Tc c Gain or (loss) Tc Tc 8 Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events 0 9 a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities. See Part IV, line 19 9a 9 a Gross alcome from gaming activities 0 c Net income or (loss) from gaming activities 0 d Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 e Net income or (loss) from sales of inventory 0 d All other revenue 0 e Cotal. Add lines 11a-11d 1, 610. 12 Total revenue. See instructions 380, 150. 0.			d							
Box Less: cost or other basis and sales expenses 7b		7	а	Gross amount from sales of (i) Securitie	es	(ii) Other				
and sales expenses 7b 7c 7c c Gain or (loss) 7c 7c 7c d Net gain or (loss) 7c 7c 7c 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 8a 8a 8a Part IV, line 18 8a 8a 8a 8a 8a b Less: direct expenses 8b 8b 9a 9a 9a g Gross sincome from gaming activities. See 9a 9a 9a 9a 9a b Less: direct expenses 9b 9a 9a 9a 9a 9a b Less: direct expenses 9b 9a 9a 9a 9a 9a b Less: direct expenses 9b 9a 9a 9a 9a 9a 9a c Net income or (loss) from gaming activities 10a 10b 10a 10a 10a 10a 10a 10a 10b <td></td> <td></td> <td></td> <td>assets other than inventory 7a</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>				assets other than inventory 7a						
c Gain or (loss) 7c d Net gain or (loss) 7c a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See a Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events			b	Less: cost or other basis						
a Net gain or (loss)	anı									
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 generation 10a d All other revenue 900099 d All other revenue 1,610. e Total. Add lines 11a-11d 1,610.	ven		с	Gain or (loss)						
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 generation 10a d All other revenue 900099 d All other revenue 1,610. e Total. Add lines 11a-11d 1,610.	Be		d	Net gain or (loss)						
contributions reported on line 1c). See Ba Part IV, line 18 Ba b Less: direct expenses Bb c Net income or (loss) from fundraising events 9 9 a Gross income from gaming activities. See 9a Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities 9 c Net income or (loss) from gaming activities 0 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 0 generation 10a d All other revenue 900099 d All other revenue 1,610. e Total. Add lines 11a-11d 1,610.	Jer	8	а	Gross income from fundraising events (not						
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c Net income or (loss) from fundraising events 9 9 Gross income from gaming activities. See Part IV, line 19 9a 9 b Less: direct expenses 9b c Net income or (loss) from gaming activities 0 0 10 a Gross sales of inventory, less returns and allowances 10a 0 b Less: cost of goods sold 10b 0 0 c Net income or (loss) from sales of inventory 8usiness Code 0 b Less: cost of goods sold 10b 0 0 c MISCELLANEOUS 900099 1, 610. 1 b				Part IV, line 18	8a					
9 a Gross income from gaming activities. See Part IV, line 19 9a 9a 9a b Less: direct expenses 9b 9b 9b 9b c Net income or (loss) from gaming activities and allowances 10a 10a 10a b Less: cost of goods sold 10b 10a 10a 10a c Net income or (loss) from sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 10a 10a 10a c Net income or (loss) from sales of inventory Business Code 10a 10a 10a t I1 a MISCELLANEOUS 900099 1,610. 10a 10a 10a d All other revenue 1,610. 10a 10a 10a 10a 10a t I2 Total revenue. See instructions 380,150. 0. 0. 0. 10a			b	Less: direct expenses	8b					
Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities and allowances 10a b Less: cost of goods sold b Less: cost of goods sold c Net income or (loss) from sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory b Less: cost of goods sold c Net income or (loss) from sales of inventory b Business Code d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions			с	Net income or (loss) from fundraising event	t <u>s</u>					
b Less: direct expenses 9b		9	а	Gross income from gaming activities. See						
b Less: direct expenses 9b				Part IV, line 19	9a					
c Net income or (loss) from gaming activities Image: state of inventory, less returns and allowances Image: state of inventory, less returns and allow			b	Less: direct expenses	9b					
10 a Gross sales of inventory, less returns and allowances 10a 10a b Less: cost of goods sold 10b 0b c Net income or (loss) from sales of inventory 8usiness Code 00 11 a MISCELLANEOUS 900099 1,610. 10 b c 10 100 100 c d All other revenue 10 100 100 e Total. Add lines 11a-11d 1,610. 100 100 12 Total revenue. See instructions 380,150. 0. 0.										
b Less: cost of goods sold 10b 10b c Net income or (loss) from sales of inventory Business Code 11 11 a MISCELLANEOUS 900099 1,610. 11 b	· ·	10	а	Gross sales of inventory, less returns						
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11 a MISCELLANEOUS 900099 1,610. b c d All other revenue e Total. Add lines 11a-11d 1,610. 12 Total revenue. See instructions 380,150. 0. 0. 0.				and allowances	10a					
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Business Code Image: Code state structure Business Code structure Image: Code structure					y					
e Total. Add lines 11a-11d I,610. 12 Total revenue. See instructions 380,150. 0. 0. 2						Business Code				
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e Total. Add lines 11a-11d I,610. 12 Total revenue. See instructions 380,150. 0. 0. 2	ane				_ [
e Total. Add lines 11a-11d I,610. 12 Total revenue. See instructions 380,150. 0. 0. 2	elle		с		_					
e Total. Add lines 11a-11d I,610. 12 Total revenue. See instructions 380,150. 0. 0. 2	ы В			All other revenue	-					
12 Total revenue. See instructions 380, 150. 0. 2	Σ						1,610.			
							380,150.		0.	2,348.
232009 12-13-22 Form										Form 990 (2022)

Form 990 (2022)

LUBUTO LIBRARY PARTNERS Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	<u>X</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	933.	867.	19.	47
c	trustees, and key employees	955.	007.	J•	4/
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7		209,968.	208,847.	1,168.	-47
7 8	Other salaries and wages Pension plan accruals and contributions (include	205,500.	200,011	<u> </u>	-11
0	section 401(k) and 403(b) employer contributions)	1,486.	1,478.	8.	
9	Other employee benefits	1,1001			
0	Payroll taxes	4,874.	4,847.	27.	
11	Fees for services (nonemployees):	1,0,10		270	
a	Management				
b					
c	Accounting	14,230.		14,230.	
d		/_			
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	column (A), amount, list line 11g expenses on Sch O.)	228,779.	229,305.	-1,120.	594
2	Advertising and promotion	•	,		
3	Office expenses	28,275.	24,458.	3,041.	776
4	Information technology				
5	Royalties				
6	Occupancy	1,507.	1,507.		
7	Travel	3,429.	3,420.	9.	
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization	21,425.	5,569.	15,856.	
3	Insurance				
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount list line 24e expenses on Sederate 0.				
а	amount, list line 24e expenses on Schedule 0.)	13,534.	13,534.		
a b	MISCELLANEOUS	13,519.	12,542.	977.	
и 2	SUPPLIES AND MATERIALS	8,031.	8,031.		
d	SCHOOL UNIFORMS, TUITIO	7,099.	7,099.		
u e		3,761.	3,210.	551.	
5	Total functional expenses. Add lines 1 through 24e	560,850.	524,714.	34,766.	1,370
6	Joint costs. Complete this line only if the organization	,			_,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here following SOP 98-2 (ASC 958-720)				

232010 12-13-22

Form **990** (2022)

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			75,665.	1	31,730.
	2	Savings and temporary cash investments			406,211.	2	163,185.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	19,191.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif				-	
		under section 4958(f)(1)), and persons described	•	,		6	
ú	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	Prepaid expenses and deferred charges				9	
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	185,097.			
	b	Less: accumulated depreciation		118,523.	87,999.	10c	66,574.
	11	Investments - publicly traded securities			-	11	
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			569,875.	16	280,680.
	17	Accounts payable and accrued expenses			3,824.	17	5,020.
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form	er office	er, director,			
litie		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ns		22	
	23	Secured mortgages and notes payable to unrelate	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines	17-24).	Complete Part X			
		of Schedule D			158,434.	25	44,625.
	26	Total liabilities. Add lines 17 through 25			162,258.	26	49,645.
6		Organizations that follow FASB ASC 958, chee	ck here				
Cee		and complete lines 27, 28, 32, and 33.			000 000		100 040
alan	27	Net assets without donor restrictions			293,862.	27	180,848.
B	28	Net assets with donor restrictions			113,755.	28	50,187.
oun		Organizations that do not follow FASB ASC 95	58, che	ck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
tsc	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
it A:	31	Retained earnings, endowment, accumulated inc		·····	107 617	31	221 025
Ne	32	Total net assets or fund balances			407,617.	32	231,035.
	33	Total liabilities and net assets/fund balances			569,875.	33	280,680.

LUBUTO LIBRARY PARTNERS

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

13-4294962 Page 11

Form **990** (2022)

Form 990 (2022)

Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3	380 560 -180 407),8!),7(50. 00.
1 Total revenue (must equal Part VIII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2	380 560 -180),8!),7(<u>50.</u> 50.
2 Total expenses (must equal Part IX, column (A), line 25) 2	560 -180),8!),7(50. 00.
2 Total expenses (must equal Part IX, column (A), line 25) 2	560 -180),8!),7(50. 00.
	-180	,70	00.
3 Revenue less expenses. Subtract line 2 from line 1 3			
	407	,62	17.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			
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	4	.,1:	19.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
column (B))	231	.,0:	36.
Part 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 Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed 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?	2 b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,			
consolidated basis, or both:			
X Separate basis Consolidated basis Both consolidated and separate basis			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			1
review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			I
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	. 3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			I
or audits, explain why on Schedule O and describe any steps taken to undergo such audits			

Form **990** (2022)

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
	2022
	Open to Public Inspection
Employer	identification number

Name of the organization

		LUBU	TO LIBRARY	PARTNERS				1	3-4294962
Pa	art I	Reason for Public (omplete th	nis part.) S	ee instructions		
The	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	1)(A)(i).		
2		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)(ii	ii).		
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	l or operate	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fi	rom a gove	ernmental	unit or from the	e general p	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 Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a la	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	or
		university:							
10		An organization that norma	•						•
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the orga	inization a	Ifter June 30, 1975.
		See section 509(a)(2). (Con							
11		An organization organized a	-	•	•				
12		An organization organized a	-	-				•	
		more publicly supported or	-						check the box on
_		lines 12a through 12d that	• •					-	-:
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting							
		organization. You must o			i majonty o	in the direc	cors or trustee	s of the st	ipporting
b		Type II. A supporting org	-		tion with its	e eupoorte	d organization	(e) by bay	vina
N	•	control or management o	-				•		•
		organization(s). You mus					introl of manage		
с	: [Type III functionally inte			in connect	ion with. a	and functionally	/ integrate	d with.
-		its supported organization					-	.	,
d	I 🗌	Type III non-functionally	.,.	•			-	ed organiz	zation(s)
		that is not functionally int	• •					•	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
е	•	Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	r Type III non-functior	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
<u>g</u>		vide the following information			(iv) is the orac	nization listed			
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of i support (see ins		(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No			
Tota	al								

Schedule A (Form 990) 2022

LUBUTO LIBRARY PARTNERS

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	739,637.	423,558.	609,233.	452,010.	377,802.	2602240.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	739,637.	423,558.	609,233.	452,010.	377,802.	2602240.
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)						220,297.
	Public support. Subtract line 5 from line 4.						2381943.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	739,637.	423,558.	609,233.	452,010.	377,802.	2602240.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots			461.	747.	738.	1,946.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	16,921.		6,848.	912.	1,610.	26,291.
11	Total support. Add lines 7 through 10						2630477.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fir	st, second, third, f	ourth, or fifth tax y	vear as a section 5	01(c)(3)	
_	organization, check this box and stop		-				
	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	90.55 %
	Public support percentage from 2021					15	89.31 %
16a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this bo>	
_	stop here. The organization qualifies		-				
b	33 1/3% support test - 2021. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			•	•	VI how the organiz	ation
_	meets the facts-and-circumstances te	0	•	,	•		
b	10% -facts-and-circumstances test	-					10% or
	more, and if the organization meets th						
	organization meets the facts-and-circu		•				
18	Private foundation. If the organization	on did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		
						Schedule A	(Form 990) 2022

Schedule A	(Form	990) 202
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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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do no	ot					
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 t	to					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, ar						
3 received from disqualified perso						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.	.)					
Section B. Total Support		-		-	-	
Calendar year (or fiscal year beginning in)		(b) 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
9 Amounts from line 6						
10a 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 business	ses					
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated busine activities not included on line 10b, whether or not the business is regularly carried on	ess					
12 Other income. Do not include gair or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12						
14 First 5 years. If the Form 990 is for	or the organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	vization,
check this box and stop here						
Section C. Computation of Pu	Iblic Support Pe	rcentage				
15 Public support percentage for 202	22 (line 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2					16	%
Section D. Computation of Inv	vestment Income	e Percentage				
17 Investment income percentage for	r 2022 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If	the organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this bo	x and stop here. The	e organization qua	lifies as a publicly s	supported organiz	ation	
b 33 1/3% support tests - 2021. If	the organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%,	check this box and s t	top here. The org	anization qualifies	as a publicly supp	orted organiza	tion
20 Private foundation. If the organiz	ation did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in		<u></u>
232023 12-09-22			_		Sched	lule A (Form 990) 2022
		15	2			

2022.05000 LUBUTO LIBRARY PARTNERS 00485_1

LUBUTO LIBRARY PARTNERS

1

2

3a

3b

3c

4a

4b

Yes No

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

232024 12-09-22

4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b Schedule A (Form 990) 2022 00485 1

16

Schedule A (Form 990) 2022 LUBUTO LIBRARY PARTNERS

2

Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>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</i>		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		

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.	
Section C. Type II Supporting Organizations	

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the support of the same persons that control or managed
 Image: Control of the support of the su

Section D	6. 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

I Check the box next to the method that the organization used to satisfy the integral Part Lest during the year 1500 IIISU UC	I Part Test during the year (see instructions).	Check the box next to the method that the organization used to satisfy the Integral P
---	---	---

- 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 governm	nental entity (see instruction <u>s).</u>
------------	--	---	-------------------------	-------------------------	---

- 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.*

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

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Section A - Adjusted Net Income (A) Prior Year	urrent Year optional)
1 Net short-term capital gain 1	
2 Recoveries of prior-year distributions 2	
3 Other gross income (see instructions) 3	
4 Add lines 1 through 3. 4	
5 Depreciation and depletion 5	
6 Portion of operating expenses paid or incurred for production or	
collection of gross income or for management, conservation, or	
maintenance of property held for production of income (see instructions) 6	
7 Other expenses (see instructions) 7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8	
Section R. Minimum Accet Amount (A) Drior Yoor (B) C	urrent 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)	
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 amount,	
see instructions).	
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	
	rrent 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).	
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (se	e

 Schedule A (Form 990) 2022
 LUBUTO
 LIBRARY
 PARTNERS

 Part V
 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Schedule A (Form 990) 2022

232026 12-09-22

instructions).

Schedule A (Form 990) 2022

Section D - Distributions

organizations, in excess of income from activity **.**+ of supported organizatio

3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	(i) (ii) Context Context Conte			าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	e From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8					
	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

1

2

Current Year

232027 12-09-22

Schedule A	(Form 990) 2022	LUBUTO	LIBRARY	PARTNERS		13-4294962	Page 8
Part VI	Supplemental Infor	mation. Prov	vide the explanat	ions required by	Part II, line 10; Part II, line 17a	a or 17b; Part III, line 12;	
	Part IV. Section A. lines 1	. 2. 3b. 3c. 4b.	4c. 5a. 6. 9a. 9b	. 9c. 11a. 11b. ar	nd 11c; Part IV, Section B, line , 3a, and 3b; Part V, line 1; Pa	es 1 and 2: Part IV. Section	C, rt V.
	Section D, lines 5, 6, and	8; and Part V, S	Section E, lines 2	2, 5, and 6. Also o	complete this part for any add	itional information.	,
	(See instructions.)						
						0.1.1.1.1.7	
232028 12-09-2	2			2.0		Schedule A (Form 9	90) 2022

** PUBLIC DISCLOSURE COPY *

Schedule of Contributors

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

2022

Employer identification number

(ГС	or m	99	0)		

Schedule B

Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

LUBUTO	LIBRARY	PARTNERS	

13-4294962

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.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts u

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

13-4294962

LUBUTO LIBRARY PARTNERS

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>147,020.</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
2		\$ <u>12,776.</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
3		\$ <u>25,000.</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	Name, address, and Zir + 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		\$ <u>10,000.</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
6		\$45,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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Name of organization

Employer identification number

13-4294962

LUBUTO LIBRARY PARTNERS

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$9,612.	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

09331030 745960 00485

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

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Page **4**

lame of organi	zation				Employer identification number	
	JIBRARY PARTNERS				13-4294962	
Part III Ex	clusively religious, charitable, etc., contributio	ons to organizations describe	ed in section 501(c)(7), (8), or (10) th		
fro	m any one contributor. Complete columns (a) mpleting Part III, enter the total of exclusively religious, c	through (e) and the following charitable, etc., contributions of \$1,	line entry. For organ 000 or less for the ve	nizations ear. (Enter this info. o	nce.) \$	
Us	e duplicate copies of Part III if additional s	space is needed.				
a) No. from	(b) Purpose of gift	(c) Use of git	ft	(d) Desc	ription of how gift is held	
Part I	((1) 011 11 3.		(-)	
<u> </u>			-			
[-			
		(e) Transfe	r of gift			
	Transferee's name, address, ar	nd ZIP + 4	Rela	ationship of tra	nsferor to transferee	
a) No. from	(b) Purpose of gift	(c) Use of git	H	(d) Desc	ription of how gift is held	
Part I				(4) 2000		
— —			-			
			-			
		(e) Transfe	r of gift			
	Transferee's name, address, ar	nd ZIP + 4	Rela	ationship of trai	nsferor to transferee	
— —						
a) No. from	(b) Purpose of gift	(c) Use of gif	f 1	(d) Desc	ription of how gift is held	
Part I				(0) Dese	siption of now girt is now	
<u> </u>			-			
			-			
		(e) Transfe	r of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
— —						
a) No. from	(b) Purpose of gift	(c) Use of git	ft	(d) Desc	ription of how gift is held	
Part I						
			-			
	Transformale name address a		Dala	tionabin of two		
	Transferee's name, address, ar	na ZIP + 4	Kela	monship of trai	nsferor to transferee	
454 11-15-22		<u>^-</u>			Schedule B (Form 990) (2	
		25				

2022.05000 LUBUTO LIBRARY PARTNERS 00485_1

SCHEDULE D Supplementa			al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the organ Part IV, line 6, 7, 8, 9, 10	nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.	2022	
	nent of the Treasury Revenue Service		ttach to Form 990. 0 for instructions and the latest information.		Open to Public Inspection
	e of the organization			Employ	ver identification number
	5	LUBUTO LIBRARY PART	INERS		13-4294962
Par	t I Organiza	tions Maintaining Donor Advised	d Funds or Other Similar Funds or A	ccounts.	Complete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds a	and other accounts
1	Total number at en	d 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 organizatio	n inform all donors and donor advisors in v	writing that the assets held in donor advised fun	ds	
			exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose confer	5	
Par	impermissible priva	ate benefit?			Yes No
			ganization answered "Yes" on Form 990, Part IV	, line 7.	
1		ervation easements held by the organizatio			and and low of success
		of land for public use (for example, recreat			
	—	f natural habitat	Preservation of a cert	ified histori	ic structure
•		of open space	ind concernation contribution in the form of a co	nooriotion	accoment on the last
2	day of the tax year		ied conservation contribution in the form of a co		Id at the End of the Tax Year
2				2a	
a b				2a 2b	
c	÷		ucture included in (a)	20 20	
		vation easements included in (c) acquired a			
u		.,		2d	
3			eased, extinguished, or terminated by the organ	<u> </u>	ing the tax
	year				0
4	Number of states v	where property subject to conservation eas	ement is located		
5		ion have a written policy regarding the per			
	violations, and enfo	prcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservation	on easemei	nts during the year
7	Amount of expense	es incurred in monitoring, inspecting, hand	ling of violations, and enforcing conservation ea	sements d	uring the year
8	Does each conserv	vation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(i)	
	and section 170(h)				Yes No
9		•	on easements in its revenue and expense staten		
			ote to the organization's financial statements th	at describe	es the
Par	organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Other S	Similar A	ecote
Fai		•			55615.
		the organization answered "Yes" on Form			
та	U U		8, not to report in its revenue statement and bal		
		· · ·	olic exhibition, education, or research in furthera	nce of publ	
L	· •		icial statements that describes these items.	o choot ····-	rks of
U	-		8, to report in its revenue statement and balance exhibition, education, or research in furtherance		
		ng amounts relating to these items:	exmention, equeation, or research in furtherand		
	-			\$	
	W nevenue molut			Ψ	

	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	\$
b	Assets included in Form 990, Part X	\$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2022
	• •	Schedule D (Form 990) 2022

(ii) Assets included in Form 990, Part X
 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

2022.05000 LUBUTO LIBRARY PARTNERS

Sche		LIBRARY PA						13-42	94962	2 Pa	age 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Histor	rical Trea	asures, or	Other	[.] Simila	r Assets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	ny of the fo	ollowing that	make si	gnificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	I 🗌 La	oan or exch	ange progra	m					
b	Scholarly research	е	• 🗌 o	ther							
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explair	n how they	/ further the	e organizatio	n's exerr	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, histo	orical treas	ures, or othei	r similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the c	organizatior	answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod	ian or other intermed	iarv for co	ntributions	or other ass	ets not i	ncluded				
	on Form 990, Part X?		2						Yes		No
b	If "Yes," explain the arrangement in Part XIII							······			
	, I		5						Amount	:	
с	Beginning balance						1c				
d	Additions during the year										
	Distributions during the year										
f	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for es	crow or cu	stodial accou	ınt liabili	ty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete	if the organization an	swered "Y	es" on For	m 990, Part I	IV, line 1	0.				
		(a) Current year	(b) Pri	or year	(c) Two years	s back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	e (line 1g,	column (a))	held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С		_%									
	The percentages on lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiza	ation that a	are held an	d administere	ed for the	е		ſ	Vee	Na
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
Par	t VI Land, Buildings, and Equipm		wment iur	ius.							
	Complete if the organization answere) Part IV I	line 11a Se	e Form 990	Part X	line 10				
	Description of property	(a) Cost or o		(b) Cost	Í		ccumulate		(d) Bool		
	Description of property	basis (investr		basis (• •	preciation	eu	(u) 6001	value	3
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment			74	4,787.		51,0			3,69	
-	Other),310.		67,43			<u>2,8</u>	
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. column</u>	<u>(B), line 10</u>	lc.)	<u></u>			66	5,5'	/4.

Schedule D (Form 990) 2022

Schedule D (Form 990) 20)22	LUBUTO	LIBRARY	PARTNERS

(a) Descrip	Complete if the organization answered "Yes" o ion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	Later Scratters a		
	held equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII	Investments - Program Related.		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
) must equal Form 990, Part X, col. (B) line 13.)		
	n) must equal Form 990, Part X, col. (B) line 13.) Other Assets.		
otal. (Col. (t	o) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
otal. (Col. (t	Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15. (b) Book value
otal. (Col. (t	Other Assets. Complete if the organization answered "Yes" o		
otal. (Col. (t Part IX	Other Assets. Complete if the organization answered "Yes" o		
(1)	Other Assets. Complete if the organization answered "Yes" o		
(1) (2) (1)	Other Assets. Complete if the organization answered "Yes" o		
(1) (3) (3)	Other Assets. Complete if the organization answered "Yes" o		
(1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" o		
(1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o		
(1) (2) (3) (4) (6)	Other Assets. Complete if the organization answered "Yes" o		
(1) (2) (3) (4) (6) (7)	Other Assets. Complete if the organization answered "Yes" o		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a) D	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability eral income taxes	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability eral income taxes	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu. Part X (1) Fed (2) RE	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability eral income taxes	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (1) Fed (2) RE (3)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability eral income taxes	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colui Part X (1) Fed (2) RE (3) (4)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability eral income taxes	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X (1) Fed (2) RE (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability eral income taxes	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu) Part X (1) Fed (2) RE (3) (4) (5) (6) (6)	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability eral income taxes	Description	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu Part X (1) Fed (2) RE (3) (4) (5) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (6) (7) (7) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets. Complete if the organization answered "Yes" o (a) D (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" o (a) Description of liability eral income taxes	Description	(b) Book value

Schedule D (Form 990) 2022

232053 09-01-22

	dule D (Form 990) 2022 LUBUTO LIBRARY PARTNERS				294962 Page 4		
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.					
1	Total revenue, gains, and other support per audited financial statements			1	492,415.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments						
b	Donated services and use of facilities	. 2b	112,265.				
с	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d					
е	Add lines 2a through 2d			2e	112,265.		
3	Subtract line 2e from line 1			3	380,150.		
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	. 4 a					
b	Other (Describe in Part XIII.)	. 4b					
~	Add lines 4a and 4b	4c	0.				
C		5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)					
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)			5	380,150.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F	-			
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990. Part I. line 12.</i>)	ents With	Expenses per F	-			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	ents With	Expenses per F	-			
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents With	I Expenses per F	Return.			
5 Pa 1	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents With	Expenses per F	Return.			
5 Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With	I Expenses per F	Return.			
5 Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents With	I Expenses per F	Return.			
5 Pa 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	ents With 	I Expenses per F	Return.	673,116.		
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	ents With 	112,265.	Return.	<u>673,116.</u> 112,265.		
5 Pa 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Other (Describe in Part XIII.)	ents With 	112,265.	1	673,116.		
5 Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	ents With 	112,265.	1 2e	<u>673,116.</u> 112,265.		
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	ents With	112,265.	1 2e	<u>673,116.</u> 112,265.		
5 Pa 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 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:	ents With 2a 2b 2c 2d 4a	112,265.	1 2e	<u>673,116.</u> 112,265.		
5 Pa 1 2 a b c d e 3 4 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 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	ents With 2a 2b 2c 2c 2d 4a 4b	112,265.	1 2e	673,116. 112,265. 560,851. 0.		
5 Pa 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 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.)	ents With 2a 2b 2c 2c 2d 4a 4b	112,265.	eturn.	673,116. 112,265. 560,851.		

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 THE YEAR ENDED DECEMBER 31, 2022, 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.

232054 09-01-22

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	tment of the Treasury al Revenue Service	Go to w	ww.irs.gov/Forn	1990 for instructions and the latest i	nformation.		n to Public ection
Nam	e of the organization		¥			Employer identi	fication number
т.тт	BUTO LIBRAR	V PARTNERS				13-429496	52
Pa			ctivities Out	side the United States. Compl	ete if the organ		
		rt IV, line 14b.					
1				ds to substantiate the amount of its gra the selection criteria used to award the			Yes 🗌 No
2	For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistance outs	side the
3			1	an be duplicated if additional space is r			
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
						ARY SERVICES	
SUB-	SAHARAN AFRICA	1	14	PROGRAM SERVICES	FOR CHILDRE	N AND YOUTH	194,639.
3 a	Subtotal	1	14				194,639.
	Total from continuat sheets to Part I	ion	0				0.
с	Totals (add lines 3a and 3b)		14				194,639.

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.

Schedule F (Form 990) 2022

OMB No. 1545-0047

Open to Public

232071 10-17-22

SCHEDULE F (Form 990)

Schedule F (Form 990) 2022

LUBUTO LIBRARY PARTNERS

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)
			ecognized as charities by the f			I	1	
			or counsel has provided a sect					
3 Enter total number of other organizations or entities Schedule F (Form 990) 2022								

Page 2

Schedule F (Form 990) 2022

LUBUTO LIBRARY PARTNERS

13-4294962

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2022

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1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>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)</i>	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? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

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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.

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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.



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.
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THE TRANSACTION OR ARRANGEMENT.

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 \$932 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:

OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES229,305.MANAGEMENT AND GENERAL EXPENSES-1,120.

FUNDRAISING EXPENSES

TOTAL EXPENSES

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 228,779.

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

EXCHANGE RATE LOSS

4,119.

594.

228,779.

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