

## Filing Checklist for 2008 Tax Returns

To file your 2008 tax return(s), simply follow these instructions:

### **Federal - (Form 990EZ)**

#### **1. Sign and date your return.**

An officer must sign and date the tax return.

#### **2. Tax due/Overpayment**

No tax is due.

#### **3. Mail the return.**

Send the return and all accompanying attachments to the following address:

Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

On or before the extended due date:      As soon as possible

Using the United States Post Office certified mail service or another approved delivery service which provides a proof of mailing date, including DHL Express (DHL), Federal Express (FedEx), and United Parcel Service (UPS).

#### **4. Keep a copy.**

Print a second copy of the return for your records. We also recommend you print and retain the supporting schedules and all other documentation that is not sent in with your return.

## Short Form Return of Organization Exempt From Income Tax

# 2008

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

<b>A</b> For the 2008 calendar year, or tax year beginning _____, and ending _____		
<b>B</b> Check if applicable:	<b>C</b> Name of organization	
<input type="checkbox"/> Address change	Please use IRS label or print or type. See Specific Instructions.	
<input type="checkbox"/> Name change		Lubuto Library Project, Inc.
<input type="checkbox"/> Initial return		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Termination		5505 Connecticut Ave., NW Box 368
<input type="checkbox"/> Amended return	City, town, or country State ZIP + 4	
<input type="checkbox"/> Application pending	Washington DC 20015	
<b>D</b> Employer identification number		
13-4294062		
<b>E</b> Telephone number		
202 558-5609		
<b>F</b> Group Exemption Number . . . ▶		

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method:  Cash  Accrual  
Other (specify) ▶

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ www.luboto.org

**J** Organization type (check only one)—  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 96,351

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	1	91,351
	<b>2</b> Program service revenue including government fees and contracts . . . . .	2	0
	<b>3</b> Membership dues and assessments . . . . .	3	0
	<b>4</b> Investment income . . . . .	4	0
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	5a	0
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	5b	0
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . . . .	5c	0
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1) . . . . .	6a	0
<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	6b	0	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	7a		
<b>b</b> Less: cost of goods sold . . . . .	7b		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	0	
<b>8</b> Other revenue (describe ▶ <u>Net Assets Released From Restrictions</u> ) . . . . .	8	5,000	
<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . . ▶	9	96,351	
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	10	0
	<b>11</b> Benefits paid to or for members . . . . .	11	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	12	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	13	29,120
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	14	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	15	4,301
	<b>16</b> Other expenses (describe ▶ <u>See attached statement</u> ) . . . . .	16	59,930
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . . ▶	17	93,351
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	3,000
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	28,986
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	20	62,532
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	21	94,518

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	10,686	34,807
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe ▶ <u>See attached statement</u> ) . . . . .	22,776	68,286
<b>25 Total assets</b> . . . . .	33,462	103,093
<b>26 Total liabilities</b> (describe ▶ <u>See attached statement</u> ) . . . . .	4,476	8,575
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	28,986	94,518

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? <u>See Attachment</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
<b>28</b> Establishment of Libraries: See Attachment			
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>		79,348
<b>29</b> Collection Building Program: See Attachment			
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>		4,668
<b>30</b> Ongoing Training and Enrichment Program: See Attachment			
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>		9,355
<b>31</b> Other program services (attach schedule)			
(Grants \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>		0
<b>32</b> Total program service expenses. (add lines 28a through 31a)	<b>32</b>		93,371

<b>Part IV List of Officers, Directors, Trustees, and Key Employees</b> List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name Jane Kinney Meyers Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title President Hr/WK 60.00	0	0	0
Name Carol T. McClaron Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title Director Hr/WK 1.00	0	0	0
Name Monica S. Baker Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title Director Hr/WK 1.00	0	0	0
Name James Hammerschmi Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title Director Hr/WK 1.00	0	0	0
Name Jenifer Kirtland Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title Director Hr/WK 1.00	0	0	0
Name Mary Beth O'Quinn Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title Director Hr/WK 1.00	0	0	0
Name Sally Sinn Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title Director Hr/WK 1.00	0	0	0
Name Stuart Yikona Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title Director Hr/WK 1.00	0	0	0
Name Lori Michaels Str 5505 Connecticut Ave City Washington ST DC ZIP 20015	Title Director Hr/WK 1.00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
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Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity. . . . .		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		X
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N . . . . .		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>   0		
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return? . . . . .		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>   0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
b	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I . . . . .		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		X
41	List the states with which a copy of this return is filed. ▶ DC		
42 a	The books are in care of ▶ Name Jane Kinney Meyers Telephone no. ▶ 202-558-5609 Located at ▶ 3302 McKinley Street, NW City Washington ST DC ZIP + 4 ▶ 20015		
b	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)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ Zambia	X	
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ Zambia	X	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>   N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46** 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. 

<b>46</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. 

<b>47</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 

<b>48</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? 

<b>49a</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- b** If "Yes," was the related organization(s) a section 527 organization? 

<b>49b</b>		<b>Yes</b>	<b>No</b>
		<input type="checkbox"/>	<input checked="" type="checkbox"/>
- 50** Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <b>None</b> _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____	.00	0	0
<b>Total number of other employees paid over \$100,000</b> ▶		0	0	0

**51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <b>None</b> _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
<b>Total number of other independent contractors each receiving over \$100,000</b> . . . . ▶		0

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Date **8/14/2009**

▶ **Jane Kinney Meyers** President

Type or print name and title.

**Paid Preparer's Use Only** Preparer's signature ▶ **SELF-PREPARED RETURN** Date \_\_\_\_\_ Check if self-employed  Preparer's Identifying Number (See instructions) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP +4 ▶ \_\_\_\_\_ EIN ▶ \_\_\_\_\_

Phone no. ▶ \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  **Yes**  **No**



**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total</b> Add lines 1-3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see instructions.) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . .	<b>15</b>	
<b>16a 33 1/3% support test-2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test-2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances-test-2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test-2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . ► <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	32,716	86,150	47,119	91,351	257,336
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .		0				0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>6 Total.</b> Add lines 1-5 . . . . .	0	32,716	86,150	47,119	91,351	257,336
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .		180	31,000	3,300	3,970	38,450
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .		1,000		5,000	29,040	35,040
<b>c</b> Add lines 7a and 7b . . . . .	0	1,180	31,000	8,300	33,010	73,490
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						183,846

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	32,716	86,150	47,119	91,351	257,336
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0	0	0	0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0			0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						257,336

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

<b>Name of the organization</b>  Lubuto Library Project, Inc.	<b>Employer identification number</b>  13-4294062
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**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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 organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) . . . . . ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

<b>Name of organization</b> Lubuto Library Project, Inc.	<b>Employer identification number</b> 13-4294062
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**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Salesforce.com Foundation ----- The Landmark at One Market, Suite 300 San Francisco CA 94105 Foreign State or Province: ----- Foreign Country: -----	\$ 11,040	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	IMF Civic & Community Relations ----- 701 19th Street, NW Washington DC 20431 Foreign State or Province: ----- Foreign Country: -----	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Marilyn Hollinshead ----- P.O. Box 3000-3122 West Tisbury MA 02575 Foreign State or Province: ----- Foreign Country: -----	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Oprah's Angel Network ----- 110 North Carpenter Street Chicago IL 60607 Foreign State or Province: ----- Foreign Country: -----	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization Lubuto Library Project, Inc.	Employer identification number 13-4294062
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**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	Computer Software ----- ----- -----	\$ 11,040	1/31/2009
-----	----- ----- -----	\$ 0	-----
-----	----- ----- -----	\$ 0	-----
-----	----- ----- -----	\$ 0	-----
-----	----- ----- -----	\$ 0	-----
-----	----- ----- -----	\$ 0	-----
-----	----- ----- -----	\$ 0	-----

<b>Name of organization</b> Lubuto Library Project, Inc.	<b>Employer identification number</b> 13-4294062
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**Part III** **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.  
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
2	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
3	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
4	..... ..... .....	..... ..... .....	..... ..... .....

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... ..... ..... For. Prov.                      Country	..... ..... .....

**Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received**

<b>1</b>	Contributions . . . . .	<b>1</b>	<u>80,311</u>
<b>2</b>	NonCash contributions . . . . .	<b>2</b>	<u>11,040</u>
<b>3</b>	Membership dues and assessments (contributions from the public) . . . . .	<b>3</b>	<u>          </u>
<b>4</b>	Government contributions (grants) . . . . .	<b>4</b>	<u>          </u>
<b>5</b>	Commercial co-venture . . . . .	<b>5</b>	<u>          </u>
<b>6</b>	Special events contributions (Line 6 - Special Events). . . . .	<b>6</b>	<u>          0</u>
<b>7</b>	Associated organization contributions . . . . .	<b>7</b>	<u>          </u>
<b>8</b>	Contributed Support	<b>8</b>	<u>          </u>
<b>9</b>		<b>9</b>	<u>          </u>
<b>10</b>		<b>10</b>	<u>          </u>
<b>11</b>	<b>Total</b> . . . . .	<b>11</b>	<u>91,351</u>

**Part I, Line 8 (990-EZ) - Other Revenue**

5,000

Description		Amount	
<b>1</b>	Net Assets Released From Restrictions	<b>1</b>	5,000
<b>2</b>		<b>2</b>	
<b>3</b>		<b>3</b>	
<b>4</b>		<b>4</b>	
<b>5</b>		<b>5</b>	
<b>6</b>		<b>6</b>	
<b>7</b>		<b>7</b>	
<b>8</b>		<b>8</b>	
<b>9</b>		<b>9</b>	
<b>10</b>		<b>10</b>	

**Part I, Line 16 (990-EZ) - Other Expenses**

59,930

<b>1</b>	Travel, Meals and Entertainment		
	<b>a</b> Travel	<b>1a</b>	4,907
	<b>b</b> Total meals and entertainment	<b>1b</b>	
<b>2</b>	Fundraising	<b>2</b>	
<b>3</b>	From Form 4562 - Amortization	<b>3</b>	
<b>4</b>	Conferences, conventions, and meetings	<b>4</b>	
<b>5</b>	Depreciation, depletion, etc.	<b>5</b>	1,935
<b>6</b>	Equipment rental and maintenance	<b>6</b>	
<b>7</b>	Interest	<b>7</b>	
<b>8</b>	Supplies	<b>8</b>	50
<b>9</b>	Telephone	<b>9</b>	
<b>10</b>	Unrelated business income taxes	<b>10</b>	0
<b>11</b>	Program Development	<b>11</b>	14,658
<b>12</b>	Library Construction	<b>12</b>	17,591
<b>13</b>	Other Headquarters Expenses	<b>13</b>	3,088
<b>14</b>	Other Zambia Expenses	<b>14</b>	13,493
<b>15</b>	Accounting	<b>15</b>	4,208
<b>16</b>		<b>16</b>	
<b>17</b>		<b>17</b>	
<b>18</b>		<b>18</b>	
<b>19</b>		<b>19</b>	
<b>20</b>		<b>20</b>	
<b>21</b>		<b>21</b>	
<b>22</b>		<b>22</b>	
<b>23</b>		<b>23</b>	
<b>24</b>		<b>24</b>	
<b>25</b>		<b>25</b>	
<b>26</b>		<b>26</b>	



**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

62,532

Description		Amount	
<b>1</b>	Increase in Unrestricted Net Assets	<b>1</b>	11,582
<b>2</b>	Increase in Temporarily Restricted Net Assets	<b>2</b>	50,950
<b>3</b>		<b>3</b>	
<b>4</b>		<b>4</b>	
<b>5</b>		<b>5</b>	
<b>6</b>		<b>6</b>	
<b>7</b>		<b>7</b>	
<b>8</b>		<b>8</b>	
<b>9</b>		<b>9</b>	
<b>10</b>		<b>10</b>	

**Part II, Line 24 (990-EZ) - Other Assets**

22,776

68,286

Description		Beginning	End
1	Books and Equipment Held for Distribution to African Libraries	20,910	67,860
2	Property and Equipment	1,866	426
3			
4			
5			
6			
7			
8			
9			
10			

**Part II, Line 26 (990-EZ) - Liabilities**

4,476

8,575

Description		Beginning	End
1	Payable to President	1,118	1,167
2	Payable to Lubuto Zambia	3,358	7,408
3			
4			
5			
6			
7			
8			
9			
10			

**Part V, Line 41 (990-EZ) - States with Which a Copy of this Return is Filed**

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<input type="checkbox"/>	Armed Forces the Americas	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	Palau
<input type="checkbox"/>	Armed Forces Europe	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Rhode Island
<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	South Carolina
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Maine	<input type="checkbox"/>	South Dakota
<input type="checkbox"/>	Armed Forces Pacific	<input type="checkbox"/>	Marshall Islands	<input type="checkbox"/>	Tennessee
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Texas
<input type="checkbox"/>	American Samoa	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Utah
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Commonwealth of the Northern Mariana Islands	<input type="checkbox"/>	U.S. Virgin Islands
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Montana	<input type="checkbox"/>	Washington
<input checked="" type="checkbox"/>	District of Columbia	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Federated States of Micronesia	<input type="checkbox"/>	New Hampshire		
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	New Jersey		
<input type="checkbox"/>	Guam	<input type="checkbox"/>	New Mexico		
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Nevada		
<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New York		
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Ohio		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Oklahoma		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	Oregon		
<input type="checkbox"/>	Kansas	<input type="checkbox"/>	Pennsylvania		
<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	Puerto Rico		

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