# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state

Open to Public

A	For th	e 2010 cale	endar year, or tax year t	beginning		, 2010,			ung requir	ements.	IIIspe	Juon
В		if applicable:	C Name of organization L	ubuto Library	Project Inc	, 2010,	and en	unig	4.00	D Emple	, 20	
	Addres	s change	Doing Business As							D Emplo	yer identification	number
	Name	hange	Number and street (or P.O	box if mail is not	delivered to street	address)	Room	/suite		E Talant	13-4294962	
	Initial re	eturn	5505 Connecticut Ave.		45080000		ricon			E relepn	one number	
Г	Termina	500000	City or town, state or cou				1310	Box 3	08	CHILDIST	202-558-5609	
F	1 1-782-010-01022	ed return	Washington, D.C. 200						- 1			
F	1	tion pending	F Name and address of p		TANK THE STREET					G Gross	receipts \$	267,693
	прриса	don pending	Jane Meyers, Same as									es 🗹 No
-	Tay-ove	mpt status:	✓ 501(c)(3)		DO 117 131 3	Dark Jane		100	H(b) Are all			es 🗌 No
1	Websit			501(c) (	) ◀ (insert no.)	4947(a)(1) or	52	7	If "No	," attach a	ı list. (see instruct	ons)
K		-	✓ Corporation ☐ Trust		7.01					exemption	n number 🕨	
	art	Summ		Association _	Other ▶	L Y	ear of fo	rmation:	2005	M State	of legal domicile	DC DC
	1			n's mission s	v ma at alaste		-					001
110221	1 .	orphans :	escribe the organizatio	oildran (OVO) i	r most signific	cant activities:	The	missio	on is to im	prove th	e lives of AIDS	)
పై		Primary a	and other vulnerable ch	netruction dia	tambia; to p	rovide a sate h	aven a	ind edu	cational	opportur	nities for OVC.	
nai			activities are: library co	ristruction, dis	unbuting book	donations to I	ibrarie	s and e	ducating	OVC on	the effect of A	IDS.
Ver	2	Check thi	is hov > [] if the organic	ration discontinue	d its an audit							
Activities & Governance	3	Number	is box ► ☐ if the organize of voting members of t	the governing	u its operations of	r disposed of more	e than 25	% of its	net assets.	1 1		
త	4	Number	of independent veting	me governing	body (Part VI	, line 1a)			2 10 1-	3		8
itie	5	Total nur	of independent voting	members of t	ne governing	body (Part VI,	line 1	b) .		4		8
¥	6	Total num	nber of individuals emp	pioyed in cale			2a)			5	trans which is N	2
Ă		Total upre	nber of volunteers (est	imate if neces	ssary)					6		85
	b	Net uprole	elated business revenu	ie from Part v	III, column (C	i), line 12 .				7a		0
_	-	ivet unitera	ated business taxable	income from	Form 990-1,	line 34		· ·		7b		0
	8	Contributi	ions and grants (Part )	/III line 1h\					Prior Yea		Current Y	ear
an.	9	Drogram (	ions and grants (Part \	viii, line in).	orton the Core			-		81852		126748
Revenue	10	Invoctmor	service revenue (Part \	viii, line 2g)				1		0		0
Re	11	Other rous	nt income (Part VIII, co	olumn (A), lines	s 3, 4, and 7d	)			17/13/90	0		. 0
	12	Total reve	enue (Part VIII, column	(A), lines 5, 6	id, 8c, 9c, 10	c, and 11e) .	٠			48533		140945
_	13	Granta an	nue-add lines 8 throu	gn i i (must e	quai Part VIII,	column (A), lin	e 12)	BRESH	(2) (14) F 15	130385	Plan, NURL 1	267693
	14	Donofita n	d similar amounts paid	a (Part IX, coll	umn (A), lines	1–3)				0		0
	15	Colorina e	aid to or for members	(Part IX, colu	mn (A), line 4	)		San W	181 11/34	0		0
ses	160	Drefeesier	ther compensation, em	iployee benefit	s (Part IX, colu	umn (A), lines 5	5–10)			0		33438
Expenses	16a	Total fund	nal fundraising fees (Pa	art IX, column	(A), line 11e	)	. 4			0	1.000	0
X	17	Other eve	raising expenses (Part	t IX, column (L	J), line 25) ▶							
	18	Total expo	enses (Part IX, column	(A), lines 11a	1–11d, 11f–24	(1) · · · · ·		4 - 10	C. P. LEWIS	0		244630
	19	Revenue le	enses. Add lines 13-17	must equal	Part IX, colun	nn (A), line 25)	Subtrus		أعتوسا	120763	Table 1	278068
- v	13	i teveriue i	ess expenses. Subtrac	ct line 18 from	1 line 12					9622		-10375
Net Assets or Fund Balances	20	Total ages	to (Dout V. line 4.0)					Beginn	ing of Curre	nt Year	End of Ye	ar
Asse Bak	21		ts (Part X, line 16) .						2	224765		158307
E P	22		ities (Part X, line 26) .							9708		8670
	rt II		or fund balances. Su	ptract line 21	from line 20				2	215057		149657
			ire Block				Mall	100				
true	e, correct.	and complet	r, I declare that I have exami te. Declaration of preparer (o	ned this return, in	icluding accompa	anying schedules	and stat	ements,	and to the	best of my	/ knowledge and	belief, it is
1650	1	T			io based on all lin	ornation of which	Гргораг	er rias ai	iy knowled	je.		
Sig	n	Signat	ure of officer	Dealer I have t	LELTICA -		-					
ter			are or emoor						Date			
	-	Type o	or print name and title	N 415, 775	HILLIAN I. C.	H. J. Charges, G. R.	160 10		A 18. 24.	J _ 57		
	_	1	preparer's name	Prepare	er's signature		15	\				
Pai		C. C	L. Search & Health	Frepare	a signature			ate		Check _	] if PTIN	
	parer		115,110	16 / 1 6	Service -	C 2 7 7 7 8 2				self-emplo	oyed	
Js	e Only	0.4 (Sept. 1985 1987)		1		2 4 3 4 5 5 2 7	1 /4	1 629	Firm's	EIN ►		
10:	the ID	Firm's add			1000		The	0.17	Phone	no.		
			this return with the pre			nstructions)						s 🗌 No
or l	Paperwo	ork Reduct	ion Act Notice, see the	separate instr	uctions.		Cat. I	No. 1128	32Y			90 (2010)

Par		Statemer Check if S	nt of Program Serv	rice Accomplishments	ion in this Re	rt III	Page
1		ly describe	the organization's no Part I, Line 1	nission:	JOHN THIS FA		
	Distal						
2	prior	Form 990	or 990-EZ?		es during the y	vear which were not listed on t	he Yes V No
3	Did t	the organices?	be these new service zation cease condu	cting, or make significant	changes in	how it conducts, any progra	m ☐ Yes ☑ No
4	Desc 501(c	ribe the ex c)(3) and 50	)1(c)(4) organizations	ements for each of the ord	ts are require	ree largest program services by d to report the amount of grant orted.	v expenses Section
4a	(Code	9:	(Expenses \$	95,600 including gran	ts of \$	60,000 ) (Revenue \$	0)
	Libra	ry Constru	ction: In 2010 the Proj	ect constructed and opened	its second libr	ary in Zambia at the Ngwerere Ba	asic School In
4b	(Code	): 	) (Expenses \$	45,239 including grant	ts of \$	30,000 ) (Revenue \$	0)
	Zamb lesson availa to rea	linistry of E lian languag ns in total. able to all to id, somethi	ducation, Zambian tea ges and talented youth The open-source less download from www. ng not trditionally don	achers adapted reading lesson of Lubuto libraries created ons were created on Lubuto' LubutoCollections.org. Thro	ons from the G 100 computer- s laptops but o bugh LubutoLit y extends the	aught in their mother tongues. In overnment curriculum in the seventhese reading lessons in each le can be run on any computer platferacy, Lubuto Libraries can acturate governent reading curriculum be	en major anguage - 700 orm and will be ally teach children
4c	(Code	·	) (Expenses \$	10,953 including grant	s of \$	0 ) (Revenue \$	0 )
	OLPC	Program: led to the li	The program began in braries.	1 2009 using donated XO lapt	ops. In 2010 2	0 more donated laptops with soft	ware were
4d	Other (Exper		ervices. (Describe in 53,654 including		0 ) (Revenue	\$ 7.844.4	
4e		Mary Indiana and The	service expenses	205 446	o ) (i levelide	\$ 0)	

11(4)	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(2) or 4047(c)(4) (atheration and a section and a section 501(c)(2) or 4047(c)(4) (atheration and a section and		Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
3	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)  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	2	<b>V</b>	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)	3		1
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II.  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		<b>V</b>
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		,
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	7		√ ,
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part	8		1
40	Xuarkprovidersjedit.com.neoling.wdebt.managament.acredit repair.nerudebt negotiation.services?ally iiiYas,ii'u complete Schedule D, Part IV	kuyu. 9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi- endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	1	E0428000
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		1
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		· √
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ala.	1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	11f	1	<b>√</b>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12a		<b>√</b>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>√</b>
14 a b	State of the office of the off	14a	1	
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV.	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	5 1	<u>.                                    </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18		✓ ✓
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III			<u>√</u>
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19 20a	+	<u>√</u>
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		
				_

Part IV	Checklist of Required Schedules	(continued)

		1	1	
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Yes	No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21		1
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.	22		✓ ✓
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 25	23 24a	-3)	<i>y</i>
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	issuel for bolids outstanding at any time during the year?	24d 25a		✓
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		·
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	no.	,
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	11/	1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		√ √
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29	spit.	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		√ √
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	31		<b>∨</b> ✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<b>√</b>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		· √
35 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		J
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		<b>√</b>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		de <sub>a</sub> ,	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	37	1	
	THE PROPERTY OF THE PROPERTY O	Form	990 0	2010

Par	Check if Schedule O contains a response to any question in this Part V			
			Yes	. No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	0	100	110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	5		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	4		
	reportable gambling) winnings to prize winners?	-	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	10	V	
	Statements filed for the calendar year anding with a with a	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	The state of the s		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	<b>√</b>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Seattle Seattle		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a		<b>/</b>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b	-	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	1	,	12.
b	If "Yes," enter the name of the foreign country: ▶ Zambia	4a	<b>V</b>	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b		<b>√</b>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	5c		
	organization solicit any contributions that were not tax deductible?			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6a		✓
	gifts were not tax deductible?	0,		
7	Organizations that may receive deductible contributions under section 170(c).	6b	PER STATE	A SECULIA
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?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b	1	-
	required to file Form 8282?	-		,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		1
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	70		,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		STE	·
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	711		A 25-32
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		✓
9	Sponsoring organizations maintaining donor advised funds.	0		V III
а	Did the organization make any taxable distributions under section 4966?	9a	EUCH	1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	7.54	<u></u>
10	Section 501(c)(7) organizations. Enter:	OD		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		SING	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	PERSONAL PROPERTY.
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b			\$1021
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

Form	990	(2010)

Page 6

2 Did any 3 Did sup 4 Did 5 5 Did 6 Doe of the b Are 8 Did the 9 Is the character b Character b Are 6 Does 12a Does 12a Does 12a Does 14 Does 15 Did inder	or the number of voting members of the governing body at the end of the tax year. In the number of voting members included in line 1a, above, who are independent any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?  The organization delegate control over management duties customarily performed by or rivision of officers, directors or trustees, or key employees to a management company or other organization make any significant changes to its governing documents since the prior Form of the organization become aware during the year of a significant diversion of the organization that the organization have members or stockholders?  The organization have members or stockholders, or other persons who may elect one of a governing body?  The organization contemporaneously document the meetings held or written actions unlear by the following:  The organization contemporaneously document the meetings held or written actions unlear by the following:  The organization contemporaneously document the meetings held or written actions unlear by the following:  The organization contemporaneously document the meetings held or written actions unlear by the following:  The organization have the organization of the governing body?  The organization have the organization have written about policies not required by the the organization have local chapters, branches, or affiliates?  The organization have local chapters, branches, or affiliates?  The organization with those of the organization with the organization with those of the organization with the o	under the direct er person?  990 was filed? ion's assets? or more members other persons? indertaken during  not be reached at  one Internal Rever	2 3 4 5 6 7a 7b 8a 8b	Yes	/ / / / / / / / / / / / / / / / / / /
2 Did any 3 Did sup 4 Did 5 5 Did 6 Doe of the b Are 8 Did the 9 Is the character b Character b Are 6 Does 12a Does 12a Does 12a Does 14 Does 15 Did inder	any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?  the organization delegate control over management duties customarily performed by or rvision of officers, directors or trustees, or key employees to a management company or other organization make any significant changes to its governing documents since the prior Form She organization become aware during the year of a significant diversion of the organization have members or stockholders?  In the organization have members or stockholders, or other persons who may elect one of egoverning body?  In y decisions of the governing body subject to approval by members, stockholders, or of the organization contemporaneously document the meetings held or written actions unear by the following:  governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?  committee with authority to act on behalf of the governing body?	the relationship with relationship with relationship with relationship with relationship with relationship was filed? It is a see that the relationship relations	2 3 4 5 6 7a 7b 8a 8b	J	J J J J J
any 3 Did sup 4 Did 5 Did 6 Doe 7a Doe of th b Are 8 Did the 9 Is th the 6 Section B 10a Doe b If ") chap 11a Has form b Desc 12a Does b Are c Does desc 13 Does 14 Does 15 Did inder	any officer, director, trustee, or key employee have a family relationship or a business other officer, director, trustee, or key employee?  the organization delegate control over management duties customarily performed by or rivision of officers, directors or trustees, or key employees to a management company or other organization make any significant changes to its governing documents since the prior Form of the organization become aware during the year of a significant diversion of the organization that the organization have members or stockholders?  In the organization have members, stockholders, or other persons who may elect one of egoverning body?  In the organization contemporaneously document the meetings held or written actions unlear by the following:  governing body?  Committee with authority to act on behalf of the governing body?  Committee with authority to act on behalf of the governing body?  The person of the governing address?  The governing body?  The person of the prior Form of the governing body?  The person of the person of the prior Form of the person of the prior Form of the person of the prior Form of the person o	relationship with under the direct er person?  990 was filed? ion's assets? or more members other persons? indertaken during tot be reached at other indertal Rever	2 3 4 5 6 7a 7b 8a 8b	J	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
any 3 Did sup 4 Did 5 Did 6 Doe 7a Doe of th b Are 8 Did the b Eacl 9 Is th the c 6 C Does desc 13 Does 14 Does 15 Did 16 Does 16 ")	the organization delegate control over management duties customarily performed by or rvision of officers, directors or trustees, or key employees to a management company or other organization make any significant changes to its governing documents since the prior Form She organization become aware during the year of a significant diversion of the organization have members or stockholders?  Is the organization have members or stockholders, or other persons who may elect one of egoverning body?  In y decisions of the governing body subject to approval by members, stockholders, or other organization contemporaneously document the meetings held or written actions unlear by the following:  Governing body?  Committee with authority to act on behalf of the governing body?  The ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot reganization's mailing address? If "Yes," provide the names and addresses in Schedule Composition of the organization have local chapters, branches, or affiliates?  The organization have local chapters, branches, or affiliates?	under the direct er person?  990 was filed? ion's assets? or more members other persons? indertaken during  not be reached at  one Internal Rever	2 3 4 5 6 7a 7b 8a 8b	J	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
3 Did support of the	the organization delegate control over management duties customarily performed by or rivision of officers, directors or trustees, or key employees to a management company or other organization make any significant changes to its governing documents since the prior Form Since organization become aware during the year of a significant diversion of the organization that the organization have members or stockholders?  If the organization have members, stockholders, or other persons who may elect one of egoverning body?  In the organization of the governing body subject to approval by members, stockholders, or other organization contemporaneously document the meetings held or written actions unlear by the following:  If the organization of the governing body?  If the organization is mailing address? If "Yes," provide the names and addresses in Schedule Composition of the organization have local chapters, branches, or affiliates?  If the organization have local chapters, branches, or affiliates?	under the direct er person?  990 was filed?  ion's assets?  or more members  other persons?  ndertaken during  tot be reached at  one Internal Rever	3 4 5 6 7a 7b 8a 8b	J	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4 Did 5 Did 6 Doe 7a Doe of th b Are 8 Did the b Eacl 9 Is th the 6 6 Corn 11a Has form b Desc 11a Does 12a Does c desc 13 Does 14 Does 15 Did inder	rvision of officers, directors or trustees, or key employees to a management company or othe organization make any significant changes to its governing documents since the prior Form She organization become aware during the year of a significant diversion of the organization at the organization have members or stockholders?  The organization have members, stockholders, or other persons who may elect one of egoverning body?  The organization of the governing body subject to approval by members, stockholders, or other organization contemporaneously document the meetings held or written actions unlear by the following:  The organization of the governing body?  The organization is mailing address? If "Yes," provide the names and addresses in Schedule Content of the organization is mailing address?  The organization have local chapters, branches, or affiliates?  The organization have local chapters, branches, or affiliates?	er person?	3 4 5 6 7a 7b 8a 8b	J	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
4 Did 5 Did 6 Doe 7a Doe 6 of th b Are 8 Did the 9 Is th the 6 Section B 10a Doe 6 If ") chap 11a Has form 6 Desc 12a Doe 6 desc 13 Does 14 Does 15 Did inder	the organization make any significant changes to its governing documents since the prior Form she organization become aware during the year of a significant diversion of the organization at the organization have members or stockholders?  In the organization have members, stockholders, or other persons who may elect one of egoverning body?  In the organization of the governing body subject to approval by members, stockholders, or of the organization contemporaneously document the meetings held or written actions unlear by the following:  In the organization of the governing body subject to approval by members, stockholders, or of the organization contemporaneously document the meetings held or written actions unlear by the following:  In the organization of the governing body?  In the organization of the	age of the second secon	4 5 6 7a 7b 8a 8b 9	J	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5 Did 6 Doe 7a Doe of th b Are 8 Did the b Eacl 9 Is th the 6 Section B 10a Doe b If "\ char 11a Has form b Desc 12a Does c desc 13 Does 14 Does 15 Did inder	he organization become aware during the year of a significant diversion of the organization to the organization have members or stockholders?  If the organization have members, stockholders, or other persons who may elect one of egoverning body?  In y decisions of the governing body subject to approval by members, stockholders, or of the organization contemporaneously document the meetings held or written actions unlear by the following:  If year, or one of the governing body?  If	ion's assets? or more members other persons? ndertaken during not be reached at O ne Internal Rever	5 6 7a 7b 8a 8b 9	J	\frac{1}{1}
b Are b Eacl b Are b Community of the control of th	s the organization have members or stockholders?  It the organization have members, stockholders, or other persons who may elect one of e governing body?  It is the organization have members, stockholders, or other persons who may elect one of e governing body?  It is the organization contemporaneously document the meetings held or written actions ure ear by the following:  It is governing body?  It is committee with authority to act on behalf of the governing body?  It is early officer, director, trustee, or key employee listed in Part VII, Section A, who cannot reparization's mailing address? If "Yes," provide the names and addresses in Schedule Committee with Section B requests information about policies not required by the the organization have local chapters, branches, or affiliates?  It is the organization have local chapters, branches, or affiliates?	or more members other persons? Indertaken during Internat Rever	6 7a 7b 8a 8b 9 nue C	J	1 1
b Are 8 Did the 9 Is th the c 6 Section B 10a Does b If ") chap 11a Has form b Desc 12a Does c Does desc 13 Does 14 Does 15 Did inder	any decisions of the governing body subject to approval by members, stockholders, or on the organization contemporaneously document the meetings held or written actions ure ear by the following:  governing body?  committee with authority to act on behalf of the governing body?  ere any officer, director, trustee, or key employee listed in Part VII, Section A, who can reganization's mailing address? If "Yes," provide the names and addresses in Schedule (Policies (This Section B requests information about policies not required by the the organization have local chapters, branches, or affiliates?  es," does the organization have written policies and procedures governing the actions.	other persons? Indertaken during Indertaken duri	7b 8a 8b 9	J	1
a The b Eacle 9 Is the control of th	he organization contemporaneously document the meetings held or written actions urear by the following: governing body?	ndertaken during  oot be reached at  oo  ne Internal Rever	7b 8a 8b 9	J	
a The b Eacl 9 Is the control of the	he organization contemporaneously document the meetings held or written actions urear by the following: governing body?	ndertaken during  oot be reached at  oo  ne Internal Rever	8b 9 nue C	J	
b Eacl 9 Is the the control of the c	committee with authority to act on behalf of the governing body?  ere any officer, director, trustee, or key employee listed in Part VII, Section A, who canning rganization's mailing address? If "Yes," provide the names and addresses in Schedule C  Policies (This Section B requests information about policies not required by the the organization have local chapters, branches, or affiliates?  es," does the organization have written policies and procedures governing the action.	tot be reached at 20	8b 9 nue C	J	
9 Is the the control of the control	Pre any officer, director, trustee, or key employee listed in Part VII, Section A, who canning rganization's mailing address? If "Yes," provide the names and addresses in Schedule (Policies (This Section B requests information about policies not required by the the organization have local chapters, branches, or affiliates?	tot be reached at 20	9 nue C		1
the description B  10a Does b If "Y char that has form b Description B  12a Does char that has form the description B  12a Does char that has form that has	rganization's mailing address? If "Yes," provide the names and addresses in Schedule C  Policies (This Section B requests information about policies not required by the  the organization have local chapters, branches, or affiliates?	O	nue C		,
10a Does b If "Y char form b Desc 12a Does desc 13 Does 14 Does 15 Did index	Policies (This Section B requests information about policies not required by the the organization have local chapters, branches, or affiliates?	ne Internal Rever	nue C		-/
10a Does b If "Y chap 11a Has form b Desc 12a Does b Are orise form c Does desc 13 Does 14 Does 15 Did indep	the organization have local chapters, branches, or affiliates?		151		
b If "\ chap chap chap chap chap chap chap chap	es," does the organization have written policies and procedures governing the ac-	ctivities of such		Yes	No
b If "\ chap chap chap chap chap chap chap chap	es," does the organization have written policies and procedures governing the ac-	ctivities of such	10a		1
has form b Describer of the control	tors, armitates, and branches to ensure their operations are consistent with those of the c	organization?.	10b		
b Are crise in C Does described Does 13 Does 14 Does 15 Did index	the organization provided a copy of this Form 990 to all members of its governing body		11a		1
b Are rise for the	ribe in Schedule O the process, if any, used by the organization to review this Form 990.				
c Does described to describe the described to described the described to describe the described the described to describe	the organization have a written conflict of interest policy? If "No," go to line 13		12a	1	
13 Does 14 Does 15 Did inder	fficers, directors or trustees, and key employees required to disclose annually interests of conflicts?		12b	1	
<ul><li>14 Does</li><li>15 Did index</li></ul>	the organization regularly and consistently monitor and enforce compliance with the ibe in Schedule O how this is done.	policy? If "Yes,"	12c	1	
15 Did indep	the organization have a written whistleblower policy?	到別別計畫	13	1	
15 Did indep	the organization have a written document retention and destruction policy?	副制制制制	14	1	
	ne process for determining compensation of the following persons include a review a endent persons, comparability data, and contemporaneous substantiation of the deliberation	and approval by			
a The	rganization's CEO, Executive Director, or top management official		15a	1	
<b>b</b> Othe	officers or key employees of the organization		15b	1	
16a Did t	s" to line 15a or 15b, describe the process in Schedule O. (See instructions.) ne organization invest in, contribute assets to, or participate in a joint venture or similar toyable patitive during the process.	lar arrangement			
b If "Ye	taxable entity during the year?	n to evaluate ite	16a		<b>√</b>
partio orgai	ipation in joint venture arrangements under applicable federal tax law, and taken steps t ization's exempt status with respect to such arrangements?	to safeguard the	16b		
	Disclosure				
18 Secti	ne states with which a copy of this Form 990 is required to be filed NONE on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an blic inspection. Indicate how you make these available. Check all that apply.	nd 990-T (501(c)(3)	s only	) avai	lable
	wn website   ✓ Another's website   Upon request				
19 Desc and f	ibe in Schedule O whether (and if so, how), the organization makes its governing docu	uments, conflict o	f inter	est po	olicy,

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors Check if Schedule O contains a response to any question in this Part VII.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization r	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average hours per	-	-			that ap	10.25	Reportable	Reportable	Estimated
(s) (r (q)(r) is sorther to Minimized. (exterior) s	week (describe hours for related organizations	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization
(\$1/1) once (1/15) one (1/15) once (1/17) once (1/17)	in Schedule O)	stee	rustee		96	pensatec			E VELT	and related organizations
(1) JANE MEYERS	00									C. Degc. R.
PRESIDENT	60	1	181	iugs	ti gi	eatma		0	(25 mg 1 0	0
(2) CAROL T. MCCLARNON	RI MILIERS					o tale				99
BPARD SECRETARY	00/18	1						0	0	0 110
(3) JAMES HAMMERSCHMIDT	1	7			e del Pari	-				wit 0.43
DIRECTOR	1 1	J						0	0	0
(4) JUDY HARRIS	- 1								u u	Shipper to
DIRECTOR 18/14 ENGINEERS		1						0	0	0
(5) CAROLINE HUGGINS	1					-			DEST	NT VINDER COLUMN
DIRECTOR	- 1	1						0	0	0
(6) JENNIFER KIRTLAND	1	73	10.0	in Se	dit tel	l travers	e V			AUT MONTH HOLD IN
DIRECTOR	-1	1					-	0	0	0
(7) SALLY SINN	1									
DIRECTOR		✓						0	0	0
(8) STUART Y. KONA	1									
DIRECTOR	1	1						0	0	0
(9) JENNIFER ARNOLIE	1		П					0		121
DIRECTOR	,	1						0	0	0
(10)										
(11)			1							
(12)			+		+		1			
(13)			1	1			-			
(14)			+	1	+	-	+			
(15)		+	+	$\dashv$	+	+	+			
(16)		+	+	+	+	-	1			

	Section A. Officers, Directors, Tru (A)	(B)			(0	;)			(D)	(E)		(F)	
	Name and title	Average hours per week	2000		1500000		that ap	_	Reportable compensation from	Reportable compensation from	36	stimated amount of	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	or a	other mpensation from the ganization and related ganization	n I
(17)											- 1		
(18)													
(19)													
(20)													
(21)	*****												
(22)					1								
(23)				-	-								
(24)				$\perp$									
(25)				_									
									Your No.				
(26)													
(27)								- 61					
(28)													
1b c	Sub-total						. 1	>	0	0			(
d	Total from continuation sheets to Part Total (add lines 1b and 1c)								0	0			(
2	Total number of individuals (including but reportable compensation from the organization)	not limited		ose	liste	d a	bove	) wł	no received mo	ore than \$100,00	0 in		
3		n sans e				1120	as mornion					Yes	No
3	Did the organization list any former off employee on line 1a? If "Yes," complete S	icer, airect Schedule J i	or or for su	tru ch ir	stee ndiv	idu	ey er a <i>l .</i>		oyee, or highe	est compensate	3		1
4	For any individual listed on line 1a, is the organization and related organizations	sum of repareater that	ortab	le c	omp	oen	satior	n ar	nd other compe	ensation from the	e h		
_	individual										4		<b>√</b>
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue con If "Yes," co	mpen o <i>mple</i>	sation	on f Sche	rom edul	any e J fo	unr or su	elated organiza uch person .	ation or individu	al 5		1
	on B. Independent Contractors												500.0
1	Complete this table for your five highest compensation from the organization.	ompensate	a ina	eper	nde	nt c	ontra	cto	rs that receive	d more than \$10	0,000	of	
	(A) Name and business addre	ess							(B) Description of se	rvices	(Compe		
	aprilitor 2 finds	1											
													_
				2001									
2	Total number of independent contractor received more than \$100,000 in compensation			not	t lin	nite	d to	tho	se listed abo	ve) who			70000

Par	t VIII	Statement of Rev	enue									
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514			
rts rts	1a	Federated campaigns	3	1a	0							
Contributions, gifts, grants and other similar amounts	b	Membership dues .		1b	0							
s, g	C	Fundraising events .		1c	0							
gift	d	Related organizations		1d	0							
Contributions, and other simi	е	Government grants (con		1e	0							
tion or s	f	All other contributions, gi	ifts, grants,									
ig de		and similar amounts not inc			126748							
a pe	g	Noncash contributions include			0							
95.30 661	h	Total. Add lines 1a-1	f		🕨	126748						
Program Service Revenue					Business Code							
evel	2a											
e B	b											
<u>Ş</u>	C											
Se	d											
ram	e											
ē.	f	All other program sen										
	g	Total. Add lines 2a-21	f		>	0						
	3	Investment income (				West Control of the C						
	3	and other similar amo				0						
	4	Income from investment				0		M. Institute				
	5	Royalties	(i) Real		(ii) Personal	0						
	0-	Cuara Danta	(i) Near									
	6a	Gross Rents		0	0							
i i	b	Less: rental expenses Rental income or (loss)	Water the same	0	0							
	d	Net rental income or (loss)	loca)						Electrical contract			
	7a	Gross amount from sales of	(i) Securit	ios I	(ii) Other	0			Market alleren deligery			
8	1 a	assets other than inventory	(i) Occurre									
7	b	Less: cost or other basis		0	0							
	b	and sales expenses .		0								
	_	Gain or (loss)		0	0							
	c d	Net gain or (loss) [				0						
	u	iver gain or (loss) .				U U						
une	8a	Gross income from ful	and the second second									
Other Rever		events (not including \$ of contributions reporte		0								
ē					0							
\$	b	Less: direct expenses		. b	0							
		Net income or (loss) fr			events . >	0						
	9a	Gross income from gai										
		See Part IV, line 19 .		-	0							
		Less: direct expenses			0							
		Net income or (loss) from		-	rities >	0						
	10a	Gross sales of inverturns and allowance	general de la companya de la company	ess · a	0							
	b	Less: cost of goods so	old	. b	0							
	С	Net income or (loss) from	om sales o	of inve	ntory >	0						
		Miscellaneous Re	evenue		Business Code							
	11a											
	b											
	С	SCHO			140945	140945						
	d	All other revenue .	* * *			0			Marie III			
	е	Total. Add lines 11a-1			▶	140945						
	12	Total revenue. See in:	structions.	29. 3		267693						

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	0	0		
J	Grants and other assistance to governments, organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	
6	Compensation not included above, to disqualified	- 0	0	0	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	UNITATED AT	0	0	0	
7 8	Other salaries and wages	33438	260091	7347	2 7775 - 1197
9	and section 403(b) employer contributions)				
9	Other employee benefits	0	0	0	
0	Payroll taxes	0	0	0	
1	Fees for services (non-employees):	0	U	.0	8-11-
a	Management	58287	57672	615	
b	Legal	0	0	0 0	
С	Accounting	3400	0	3400	
d	Lobbying	0	0	0	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0	0	0	
g	Other	6885	1305	5580	
	Advertising and promotion	0	0	0	11000
3	Office expenses	0	0	00	
	Information technology	0	0	0	
,	Royalties	0	0	0	
1	Occupancy	1232	1232	0	
	Travel	34501	10785	23716	
	Payments of travel or entertainment expenses		THE PROPERTY OF	retrigitation of	T. C.
	for any federal, state, or local public officials	0	0	0	
	Conferences, conventions, and meetings .	0	0	0	
Ĺ	Interest	0	0	0	
	Payments to affiliates	0	0	0	No. of the last of
	Depreciation, depletion, and amortization .	501	148	353	
	Insurance	0	0	0	AND THE RESERVE
	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	LIBRARY CONSTRUCTION	95600	95600	0	
b	EQUIPMENT IN ZAMBIA	9090	9090	0	
C	PROGRAM DEVELOPMENT	6034	0	6034	
d		0	0	0	
е		0	0	0	
f	All other expenses	7431	3523	3908	
	Total functional expenses. Add lines 1 through 24f	278068	205446	72622	Harman and a second
3	Joint costs. Check here ▶☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

### Part X Balance Sheet

	RECEIPTED IN CONTRACTOR OF THE PERSON OF THE	(A) Beginning of year		( <b>B)</b> End of year
	Cash-non-interest-bearing	126702	1	86243
2	,	0	2	(
;		26744	3	1890
1 4		0	4	(
	employees, and highest compensated employees. Complete Part II of			
	Schedule L	0	5	(
SI	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
Assers	Notes and loans receivable, net	0	7	0
£ 8		70555	8	69911
9		0	9	03311
10	[ ] [			
-	other basis. Complete Part VI of Schedule D 10a 13584			
	b Less: accumulated depreciation 10b 13321	764	10c	263
11	· · · · · · · · · · · · · · · · · · ·	0	11	0
12		0	12	0
13		0	13	0
14	The state of the s	0	14	0
15		0	15	0
16		224765	16	158307
17		8541	17	7514
18		0	18	0
19		0	19	0
20		0	20	0
		0	21	0
21 22			21	
5 -	employees, highest compensated employees, and disqualified persons.			
2	Complete Part II of Schedule L	1167	22	1156
23		0	23	0
24		0	24	0
25		0	25	0
26	]	9708	26	8670
	Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.	3700	20	8070
27	Unrestricted net assets	41928	27	31554
28		173129	28	118083
29		0	29	0
27 28 29 30 31 32 33	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds	0	30	0
31	Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
32		0	32	0
33		215057	33	149637
34	Total liabilities and net assets/fund balances	224765	34	158307

Par	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		Pa	age <b>1</b> 2
1	Total revenue (must equal Part VIII, column (A), line 12)		2	67600
2	Total expenses (must equal Part IX, column (A), line 25)	es likalin		
3	Revenue less expenses. Subtract line 2 from line 1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		267693 278068 -10375 215057 55045  149657  Yes No  nt  2a ✓ 1t  2c ✓ nt	
5	Other changes in net assets or fund balances (explain in Schedule O)			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
Part	XII Financial Statements and Reporting		14	49657
	Check if Schedule O contains a response to any question in this Part XII			П
1			1	No
-	Accounting method used to prepare the Form 990:   Cash  Accrual  Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	22	1	
b	Were the organization's financial statements audited by an independent accountant?		-	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	20	7	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	RUNCSID	/
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		V
			n <b>990</b>	(2010)

#### SCHEDULE A (Form 990 or 990-EZ)

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

notion

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization 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. ▶ See separate instructions.

ons. Inspection
Employer identification number

Lubi	uto Library Project	Inc.						Linpioyer	13.41	294962		
Pa	ttl Reason	for Public Ch	narity Status (All org	anization	ns must	complet	e this na	art I See	instruction	000 000		
The	organization is no	t a private foun	dation because it is: (F	or lines 1	through	11. check	k only on	e box )	III SU UCU	OHS.		
1	A church, co	nvention of chu	rches, or association of	of churche	es describ	ed in se	ction 170	)(b)(1)(A)	(i)			
2	A school des	cribed in section	on 170(b)(1)(A)(ii). (Atta	ach Scheo	dule E.)			(~)(.)(.)				
3	☐ A hospital or	a cooperative h	nospital service organiz	zation des	scribed in	section	170(b)(1)	(A)(iii).				
4	A medical res	search organiza	tion operated in conju	nction wit	h a hospi	ital descr	ibed in se	ection 17	'0(b)(1)(A)	l(iii). Ent	er the	
	nospital's na	me, city, and st	ate: Lubuto Library Pro	ject, Inc.								
5	An organizat section 170(	ion operated fo b)(1)(A)(iv). (Co	or the benefit of a collemplete Part II.)	ege or un	iversity o	wned or	operated	d by a go	overnmen	tal unit	descri	bed in
6	A federal, sta	te, or local gove	ernment or governmen	ital unit de	escribed i	n section	n 170(b)(	1)(A)(v).				
7	An organizati	on that normal	ly receives a substanti (1)(A)(vi). (Complete Pa	ial part of	its supp	ort from	a govern	mental u	nit or fror	m the g	eneral	public
8	☐ A community	trust described	in section 170(b)(1)(/	A)(vi). (Co	mplete Pa	art II.)						
9			y receives: (1) more th				om contr	ibutions	members	shin fee	e and	arose
	receipts from	activities relat	ed to its exempt fund	tions-su	bject to	certain e	xception	s. and (2)	) no more	e than ?	331/2%	of its
	support from	gross investm	nent income and unre	elated bu	siness ta	xable in	come (le	ss section	n 511 ta	x) from	busir	esses
			after June 30, 1975. S									
10	☐ An organizati	on organized ar	nd operated exclusively	y to test for	or public	safety. S	ee <b>secti</b> c	on 509(a)	(4).			
11	☐ An organizati	ion organized a	and operated exclusive	ely for the	he benefi	it of, to	perform	the func	tions of,	or to c	arry o	ut the
	purposes of	one or more pu	ublicly supported orga	inizations	describe	d in sect	tion 509(a	a)(1) or s	ection 50	9(a)(2).	See se	ection
			t describes the type of						11e throug	gh 11h.		
	a Type		☐ Type II c	□ Ту	oe III–Fun	ctionally	integrate	d	d [	□ Тур	e III-O	ther
е	☐ By checking to	this box, I certif	y that the organization	is not co	ontrolled o	directly or	r indirect	y by one	or more	disquali	fied pe	rsons
	or section 509	undation manag	gers and other than or	ne or mor	e publicly	support	ed organ	izations of	described	in sect	ion 50	9(a)(1)
f			a writton datarminati	on from	the IDC :		. T					
	organization.	check this box	a written determinati			that it is	a Type	i, Type	II, or Typ	e III su	pporti	
g		17, 2006, has	the organization acce			ontributio	n from a	iny of the				
	(i) A person	who directly or	indirectly controls, eit	ther alone	or toget	her with	persons	describe	d in (ii) ar		Yes	No
			oody of the supported							11g(	i)	
	(ii) A family m	ember of a per	son described in (i) abo	ove?						11g(i	i)	
<b>L</b>	(III) A 35% co	ntrolled entity o	f a person described in	n (i) or (ii)	above?.					11g(ii	ii)	
h		120000000000000000000000000000000000000	tion about the support									
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization sted in your		ou notify nization in		s the ion in col.		Amount upport	of
			above or IRC section	governing	document?	col. (i)	of your oort?	(i) organi	zed in the S.?		арроп	ersons 09(a)(1) ing · □
			(see instructions))	Yes	No	Yes	No	Yes	No			
• •						100		100	110			
A)		-										
B)								- EA			Cole	
D)												
C)												10.2- 22
D)												
E)												
otal				West State of the				50 10 00 00				

Pai	Support Schedule for Organization (Complete only if you checked the Part III. If the organization fails to	ne box on lin	e 5, 7, or 8 o	f Part I or if th	ne organizatio	on failed to a	vi) ualify under
Sec	tion A. Public Support	y quality und	er the tests ii	sted below, p	please comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(A) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		(2) 2001	(0) 2000	(u) 2003	(e) 2010	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0 175-31 21				
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				II		
11	Total support. Add lines 7 through 10						4
12	Gross receipts from related activities, etc.	(see instruction	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	е		d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3) ▶ □
14	on C. Computation of Public Support			41 (0)			
15	Public support percentage for 2010 (line 6 Public support percentage from 2009 Scho	, column (1) al' edule A. Part I	vided by line 1 Liline 14	i, column (f))		14	%
16a	331/3% support test—2010. If the organiz	ation did not o	check the box	on line 13. and		3% or more, ch	neck this
	box and stop here. The organization quali	fies as a publi	cly supported	organization			. ▶ □
b	331/3% support test-2009. If the organic check this box and stop here. The organiz	zation did no	t check a box	on line 13 or	16a, and line		
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ts the "facts-a	and-circumsta mstances" tes	nces" test, che	ck this box an	d stop here. E	xolain in
b	10%-facts-and-circumstances test—200 15 is 10% or more, and if the organization Explain in Part IV how the organization me	on meets the eets the "facts	"facts-and-cir -and-circumst	cumstances" : ances" test. Th	test, check thi ne organizatior	is box and sto	op here.
18	Private foundation. If the organization did instructions	not check a b	oox on line 13,		, or 17b, check	this box and	. ▶ □

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

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

	on A. Public Support  idar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	86150	47119	93151	81852	126748	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	o	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	00	0	0	0
6	Total. Add lines 1 through 5	86150	47119	93151	81852	126748	433220
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	31000	3300	3970	4146	3717	46133
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	0	5000	29040	0	0	34040
С	Add lines 7a and 7b	31000	8300	33010	4146	3717	
8	Public support (Subtract line 7c from line 6.)						353047
	on B. Total Support				78.00		
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	86150	47119	91351	81852	126748	433220
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	0	0	0	0	0	0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	00	0
C	Add lines 10a and 10b	0	0	0	0	0	0
11	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	00
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	86150	47119	91351	81852	126748	433220
14	First five years. If the Form 990 is for the organization, check this box and stop here	ALL THE COURSE OF THE PARTY OF			or fifth tax yes		501(c)(3)
Secti	on C. Computation of Public Support	Percentage					
15	Public support percentage for 2010 (line 8					15	81.49 %
16	Public support percentage from 2009 Sch					16	77.11 %
	on D. Computation of Investment Inc				1000000		
17 18 19a	Investment income percentage for 2010 (li Investment income percentage from 2009 331/3% support tests—2010. If the organization	Schedule A, P	art III, line 17.			17 18 ore than 331/3%	0 % 0 % , and line
b	17 is not more than 33½%, check this box a 33½% support tests—2009. If the organiza	and <b>stop here.</b> That ion did not ch	The organization eck a box on li	n qualifies as a ne 14 or line 19	publicly suppo ea, and line 16	rted organizatio is more than 33	n . ► ▽ 3 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this b						
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, ch	neck this box a	and see instruct	tions 🕨 🗌

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information instructions).	line 10; on. (See
~		C10000 APCC 1006-000
********		
		**
		***************************************
		***************************************
		***************************************
		**********
		***************************************
		***************************************

### Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

Employer identification number Lubuto Library Project, Inc. 13-4294962 Organization type (check one): Filers of: Section: Form 990 or 990-F7 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, \$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 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 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 (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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

line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Lubuto Library Project, Inc

Page 1 of 8 of Part I
Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	IMF Civic & Community Relations  700 19th St NW  Washington, DC 20431	\$ 15,000	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	AID for Africa 6909 Ridgewood Ave. Chevy Chase, MD 20815	\$ 7,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	Frances H. White  2520 San Elijo Ave.  Cardiff, CA 92007	\$ 5,000	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
	menen som sen se i klaste i tratet e kantoer dit omerbie fillet i filologist teknik filologist from de dit blev Teknik som se i klaste i tratet e kantoer dit omerbie fillet i filologist teknik fillet i filologist filologis		

Lubuto Library Project, Inc.

Employer identification number

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person

Lubuto Library Project, Inc.

Employer identification number

Part	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person  Payroll  Noncash
		-70 135.5	(Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	a noncash contribution.)  (d)  Type of contribution
		\$	Person Payroll Moncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person

Lubuto Library Project, Inc.

Employer identification number

GIL II INC	oncash Property (see instructions)		
a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 N/A		\$ 0	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2 N/A		\$0	
) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3 N/a		\$ 0	
No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	A TO MANUAL LANGUAGE
No. om art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		**************************************	

Employer identification number

Lubuto Library Project, Inc. 13-4294962

(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$\$	flactaczy naci donystacy w a 35,0 docy
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	and hardmidy a note and a second account to a note a note and a second and a second and a second account a s	new or reflement new to ensure the nearly more critics
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s one sure services	Adult mass has the graves
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
,eanawantea nue sonanegranye :	\$	***************************************
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Asbour 3 3 toolsbook	\$	
	Description of noncash property given  (b)  Description of noncash property given	Description of noncash property given  \$  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$  (b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$  (c) FMV (or estimate) (see instructions)  \$  Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$  (c) FMV (or estimate) (see instructions)  \$  Description of noncash property given  (c) FMV (or estimate) (see instructions)  \$  Description of noncash property given  (c) FMV (or estimate) (see instructions)

Page 6 of 8 of Part III Name of organization Employer identification number Lubuto Library Project, Inc. 13-4294962 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.) ▶ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift from (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

(a) No. from Part I

Lubuto Library Project, Inc.

Employer identification number

13-4294962

a) No. from	contributions of \$1,000 or less for  (b) Purpose of gift		
Part I	(b) i di pose di gili	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
·	

Relationship of transferor to transferee

### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Employer identification number

-	art I	Organia di Santa di S	1 (a) (b) (c)		13-4294962
	ii t i	Organizations Maintaining Donor organization answered "Yes" to Followship or the control of the	Advised Funds or 990, Part IV, line	Other Similar Funds 6.	or Accounts. Complete if the
	T-1-1	ALL FREE TO STATE OF THE	(a) Donor advis		(b) Funds and other accounts
1	lotai	number at end of year	DOMEST STREET,		A STORY A
2	Aggr	egate contributions to (during year) .	113 A M 23		
3	Aggre	egate grants from (during year)	L MICH VILLE		THE SECTION OF THE SE
4	Aggre	egate value at end of year			
5	funds	ne organization inform all donors and donors are the organization's property, subject	onor advisors in writing to the organization's e	ng that the assets held	
6	only f	ne organization inform all grantees, donc for charitable purposes and not for the b rring impermissible private benefit?	ors, and donor advisors	s in writing that grant fu	inds can be used
Pai	rt II	Conservation Easements. Comple	te if the organization	Opposition of 60/2-71 - F	· · · · · · · · Yes · N
1		ose(s) of conservation easements held by	the arrestication	answered "Yes" to F	orm 990, Part IV, line 7.
2	Pr	eservation of land for public use (e.g., red otection of natural habitat	creation or education)	☐ Preservation of an ☐ Preservation of a co	ertified historic structure
					Held at the End of the Tax Yea
a		number of conservation easements .	2000110000		2a
b	Total a	acreage restricted by conservation easen	nents		2b
C	Numb	er of conservation easements on a certifi	ied historic structure in	cluded in (a)	20
d	histori	er of conservation easements included c structure listed in the National Register	I in (c) acquired after	8/17/06, and not on a	
3	Numb tax ye	er of conservation easements modified, t	ransferred, released, e	extinguished, or terminat	2d   ed by the organization during the
<b>4 5</b>	Does	er of states where property subject to co the organization have a written policy ons, and enforcement of the conservation	regarding the period	dic monitoring inspecti	
6	Staff a	nd volunteer hours devoted to monitoring	g, inspecting, and enfo	orcing conservation ease	ements during the year
7	Amour ▶\$	nt of expenses incurred in monitoring, ins	pecting, and enforcing	conservation easement	ts during the year
8	Does (i) and	each conservation easement reported on section 170(h)(4)(B)(ii)?	line 2(d) above satisfy	the requirements of sec	ction 170(h)(4)(B)
9	organiz	XIV, describe how the organization report e sheet, and include, if applicable, the texal cation's accounting for conservation ease	rts conservation easen xt of the footnote to the ements.	nents in its revenue and e organization's financia	expense statement, and all statements that describes the
Part		Organizations Maintaining Collecti Complete if the organization answere	ed "Yes" to Form 990	0, Part IV, line 8.	
1a	If the o	rganization elected, as permitted under of art, historical treasures, or other sim service, provide, in Part XIV, the text of the	SFAS 116 (ASC 958), illar assets held for pu	not to report in its rever	on or research in furtherance of
	If the owners public:	organization elected, as permitted under of art, historical treasures, or other sim service, provide the following amounts re	r SFAS 116 (ASC 958 illar assets held for publishing to these items:	<ul><li>s), to report in its revenuable exhibition, education</li></ul>	ue statement and balance sheet on, or research in furtherance of
	(i) Rev	enues included in Form 990, Part VIII, line	e1		
	1.11 , 1001	nonded in Form 330, Fail A			C Lubuta Library Drainet
2	if the c	organization received or held works of a gamounts required to be reported unde	art, historical treasures	s, or other similar asset	ts for financial gain, provide the
а	Revenu	es included in Form 990, Part VIII, line 1 included in Form 990, Part X			> \$ 5505 Connecticut Ave.,

Par	Organizations Maintaining	Collections of	Art. Hi	stori	cal Treasures	or Oth	er Similar	Accote /	onti	ou cod)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and c	other rec	ords,	check any of th	e following	ng that are a	significa	nt use	e of its
а	☐ Public exhibition		d	П	Loan or excha	ngo prog	ama			
b	☐ Scholarly research		e	П						
C	☐ Preservation for future generation	S			Other					
4	Provide a description of the organization	on's collections	and exp	lain h	ow they further	the organ	nization's ov	omnt nur		in Daw
	XIV.				ow they further	the organ	iization s ex	empt pur	Jose	in Pan
5	During the year, did the organization s	solicit or receive	donatio	ns of	art, historical to	reasures	or other sim	nilar		
	assets to be sold to raise funds rather t	than to be maint	ained as	part o	of the organizati	on's colle	ection?		/00	□ No
Par	line 9, or reported an amount	on Form 990,	mplete Part X.	if the	organization	answere	d "Yes" to	Form 990	), Par	rt IV,
1a	included on Form 990, Part X?					ions or o	ther assets		es l	□ No
b	If "Yes," explain the arrangement in Par	t XIV and comp	lete the t	ollow	ing table:				00 (	
					_			Amount	STATE SHOW	
C	Beginning balance					1c			_	
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
2a	Did the organization include an amount	on Form 990, P	art X, lin	e 21?				. 🗆 Y	es	No
	If "Yes," explain the arrangement in Par	t XIV.		wenger-						
Par	t V Endowment Funds. Complet	e if the organiz								
4-	Paris de la	(a) Current year	(b) Pi	ior year	(c) Two year	s back (d)	Three years ba	ck (e) Fou	r years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and									
	losses									nguaxana a
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	year end balan	ce held	as:						
а	Board designated or quasi-endowment	► Condustrial	%		demonspan					
b	Permanent endowment	%	el media							
C	Term endowment > %									
3a	Are there endowment funds not in the I	oossession of th	ne organ	zation	that are held a	and admir	nistered for t			
	organization by:								Yes	No
	(i) unrelated organizations	er roedsever						3a(i)		
	(ii) related organizations					CHARLES HAVE	198461	3a(ii)		
	If "Yes" to 3a(ii), are the related organiza	tions listed as re	equired o	on Scl	nedule R? .		BUT LAND	3b		
4	Describe in Part XIV the intended uses of					F. A. W. S.	UE BORTON	A HIT N	19.1	
Part		The second second second second		art X,	line 10.	11 11 1	J. T.H.C. W.	MI THE		
	Description of investment	(a) Cost or oth		(b) C	ost or other basis (other)		umulated ciation	(d) Boo	k value	<b>)</b>
1a	Land	<b>建设的现在分</b> 块	of House	OF HIS	CIO ULTRIO			10831102		
b	Buildings	O DESCRIPTION	BUILDE	(d)	e salabas agb	15550 m	inos otro	lies is	111-2-11-2	· 10
c	Leasehold improvements	E Incurrent su	St Tlay		of souther sold	returen	arecur y	E121321		
d	Equipment	CENTRAL CO	13584	W. c	1/2242110	to our	13321	Die E		263
	Other	or control to be	dar gr	11111	and there are	SCHOOL SEC				
otal.	Add lines 1a through 1e. (Column (d) mus	st equal Form 99	00, Part	K, colu	ımn (B), line 10(	c).)	>	Park and a second		263

High Loci USAID distrib Mibanzi Library March 6.

(a)	Description of security or category	ties. See Form 990, Part X, line	
(4)	(including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
) Financial	derivatives		Sost of end-of-year market value
	eld equity interests	•	
Other	eld equity litterests		
(A)			
(B)			
			4
(C)			
(D)			
(E) (F)			
(F) (G)			
(G) (H)			
(1)			
	must equal Form 990, Part X, col. (B) line 12.	1	
art VIII	Investments - Program Rela	ated. See Form 990, Part X, line	9 13.
(a	) Description of investment type	(b) Book value	(c) Method of valuation:
			Cost or end-of-year market value
V			
8			
al. (Column (b)	must equal Form 990, Part X, col. (B) line 13.)		
art IX	Other Assets. See Form 990,	Part X. line 15.	
11000000000		(a) Description	(b) Book value
	4-2 UE-10-10-10-10-10-10-10-10-10-10-10-10-10-		
			DESCRIPTION SECTION
		THE PARTY OF THE P	
		OF SUBSTITUTE OF	MALL U.S.
al. (Colum	n (h) must equal Form 990 Part Y	col (P) line 15)	
	n (b) must equal Form 990, Part X		
	Other Liabilities. See Form 99	90, Part X, line 25.	· · · · · · · · · · · •
art X	Other Liabilities. See Form 99 (a) Description of liability		<u> </u>
art X	Other Liabilities. See Form 99	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
art X	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.	
Federal in	Other Liabilities. See Form 99 (a) Description of liability	90, Part X, line 25.  (b) Amount	

Pa	Reconciliation of Change in Net Assets from Form 990 to Audited Financial State	amont	Page •
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	-	267693
3	Excess or (deficit) for the year. Subtract line 2 from line 1	2	278068
4	Net unrealized gains (losses) on investments	3	-10375
5	Donated services and use of facilities	4	0
6	Investment expenses	5	danimiki sali. 0
7	Prior period adjustments	6	0
8	Other (Describe in Part XIV.)	7	0
9	Total adjustments (net). Add lines 4 through 8	8	-55045
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9	-55045
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	10	-65420
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	433445
а	Material and a state of the sta		
b	Donated continue and an official	0	ODT SHIPS SEE
C	December of advances to	11	4000000150
d		0	ene on do t
e	Add lines 2a through 2d	0	Stelle - 10 ac
3	Subtract line 2e from line 1 . W. 25/19/20 (19/19/19/19/19/19/19/19/19/19/19/19/19/1	. 26	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	. 3	267693
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0	at mouther
b	Other (Describe in Part XIV.)	0	Mind Completion
С	Add lines 4a and 4b	0	TIGATE-N
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 40	
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	nor D	267693
1	Total expenses and losses per audited financial statements	, 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. 📑	443020
а	Donated services and use of facilities	752	mon grid seed
b	Prior year adjustments	0	The survivors and the
C	Other losses	0	
d	Other (Describe in Part XIV.)	0	120 DESTUN
е	Add lines 2a through 2d	. 2e	165752
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	11	270000
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0	EU ZEW WALDE
b	Other (Describe in Part XIV.)	0	atte J. come
C	Add lines 4a and 4b	. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		278068
Part		10	270000
any a	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also conditional information.  I - Line 9 - Restrictions on Net Assets - (55045) See Note 9 from Audited Financial Statements (Attached	omplete	this part to provide
	With weem regards,		
	Katherine DeFord		
	Program Associate		

Part XIV	Supplemental Information (continued)	Pa
	(continued)	1 a
	PMO 09802382 YSB	
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	Notes Hollyward CA 93606	
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#### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Lubuto Library Project

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

▶ Attach to Form 990. ▶ See separate instructions.

Inspection Employer identification number

Lubuto Library Project					13-4294962
Part I General Information Form 990, Part IV, line 1	on Activities 4b.	Outside the Ur	nited States. Compl	ete if the organization	answered "Yes" to
1 For grantmakers. Does the assistance, the grantees' elig grants or assistance?	e organization n	naintain records ants or assistanc	to substantiate the	amount of the grants	or the · <b>Yes No</b>
<ul> <li>For grantmakers. Describe United States.</li> <li>Activities per Region. (The following)</li> </ul>					nds outside the
3 Activities per Region. (The fol	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in		(f) Total expenditures for and investments in region
(1) Zambia	1	1	Program Services	See PartIII	205,446
(2)					
(3)	lusij ratil Ka	ageucqeuon	Salautori sist		
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3a Sub-total					
sheets to Part I	Arrest Kitztely: An	A TOTAL SELECT			0 205,446

But I am OX with including a in the migute for clarity, booking hy ward, the base of how this training should be tinanced Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient 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 (f) Manner of (g) Amount of (i) Method of valuation (book, FMV, appraisal, other) (c) Region (d) Purpose of (e) Amount of cash grant (h) Description non-cash assistance cash of non-cash assistance (if applicable) (1) (2) (3) (4) (5) (6) (7)(8) (9) (10) (11) (12) (13)(14)(15)(16)Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt

Schedule F (Form 990) 2010

Enter total number of other organizations or entities

Page 3

(a) Type of grant or as	ssistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method o valuation (book, FMV, appraisal, other)
(1)		51						Other)
(2)		8 6						
(3)		16						
(4)								
(5)								
(6)								
(7)		3 5						
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(10)								
(11)	2 8	8 2						
(12)					- 3			
13)								
14)								
15)								
16)								
17)	1 1 1	# # #						
(18)								

Part	IV Foreign Forms		, ago
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Ye the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Fore Corporation (see Instructions for Form 926)	ign	✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts a Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With	nd	11.50 for
	U.S. Owner (see Instructions for Forms 3520 and 3520-A)	☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Ye the organization may be required to file Form 5471, Information Return of U.S. Persons with respect Certain Foreign Corporations. (see Instructions for Form 5471)	s," to	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 862 Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (so Instructions for Form 8621)	21	☑ 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 Certa Foreign Partnerships. (see Instructions for Form 8865)	s," ain	
	Totalgri Fartherships. (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instruction for Form 5710)	lf ns	
	for Form 5713)	Yes	☑ No
		Schodulo E (	Form 000) 0040

Part V	Supplemental Information
	Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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).
	Jane Kinney Meyers
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### LUBUTO LIBRARY PROJECT, INC.

### NOTES TO FINANCIAL STATEMENTS

December 31, 2010 and 2009

### NOTE 6- LIBRARY CONSTRUCTION

In 2010, the Project completed construction of Ngwerere LL Library and officially opened on November 10<sup>th</sup>. Total cost of construction was \$95,600. The entire Dow Jones & Co donation of \$60,000, Oprah's Angel Network, \$10,000, and Francis White, \$5,000, was used for construction and released from restrictions.

The \$15,000, the Project received from Dow Jones Foundation in 2010, was used for construction material.

The Project incurred approximately \$6,000 in costs for building an 80 meter extension wall. This cost is the responsibility of Ministry of Education and soon will be reimbursed to the Project.

### NOTE 7 - RELATED PARTY TRANSACTIONS AND BALANCES

At December 31, 2010 and 2009, the Project owed \$1,156 and \$1,167, respectively to the President of the Project for reimbursement of operating expenses.

#### NOTE 8 - RENT EXPENSE

Office space for the headquarters and for the office in Zambia was provided on a pro bono basis.

The in-kind rent expenses for the headquarters' office during 2010 and 2009 were \$5,200. The in-kind rent expenses for the office in Zambia during 2010 and 2009 were \$4,536 and \$4,000 respectively.

### NOTE 9 – RESTRICTION ON NET ASSETS

Temporarily restricted net assets are available for the following purposes:

	2010	2009
Donated and Purchase of Books	68,502	64,304
Library Construction	0	71,000
Donated Computer to be Sent to Zambia	2,388	4,990
Motivational Mentoring Program	(emit wis u.f.) 00:81 00:00	32,435
Renewal of Library License	one skear oo er al oo	400
Library Materials	17,500	0
Training and Education of Library Start	7,500	ir work vo
OLPC Zambian Literacy Program	/ 1 (146)	100 600
Salary of FOH Library Employee	1,147	0
TOTAL	118,083	173,129

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or 990-EZ.

Name of the organization	Employer identification number
Lubuto Library Project, Inc.	13-4294962
Part VI, Section B, Policies, Line 11b - Process used by organization to review th	is Form 990: President amd Chairman of the Board
review the return with the preparer.	
<b>国</b> 夏 - 美 - 美	
Part VI, Section C - Disclosure, Line 19: Describe how organization its governing	g documents, conflict of interest policy and financial
statements available to the public: Financial statements and Form 990 are posted	
conflict of interest policy are available upon request.	
Part XI - Reconciliation of Net Assets, Line 5 - Other changes in net assets or fund	d balances - (55,045)
This amount represents the decrease in Temporarily Restricted Net Assets, taken	from the Statement of Activities schedule in the audited
financial statements. The make-up of this amount is contained in Note 9 of the au	dited financial statements. Note 9 is attached to Schedule D
of this return.	
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