### Form **990**

#### **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)

Open to Public

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 reporting requirements.

A	For	the 200	09 cal	endar ye	ear, or tax y	ear begin	ning				, a	nd er	ding					
В	Check i	if applical	ble:	Please	C Name of	organizatio	n Lubuto	Library	Project,	Inc.				D Employe	er identi	fication num	iber	
П	Addre	ss chan	nge label or print or type.  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address)									13-4294962						
Ħ											IPO	om/suite E Telephone number						
Ħ		•									1	Ji V Suite			CI .			
ᆖ				See Specific			Ave, NW, Box							202 558-5	509			
ᆮ				Instruc-	1		r country, and ZII	P+4										
ᆜ	Amended return Ltons. Washington DC 20015-56									609	09 G Gross receipts \$ 130,385							
	Applic	ation pe	nding	FN	lame and ac	idress of p	orincipal officer	:					H(a) is t	this a group re	tum for a	affiliates?	Yes	X No
			Jane Kinney Meyers 505 Connecticut Ave., NW Box 368, Washington, DC										H/b) Ar	e all affiliates i	ncluded	2	Yes	
$\overline{}$	Tax a						nsert no.)				527	.,		'No," attach a				
						3) - (11	iserrio.)	4947	(a)(1) or	<u> </u>	327				•			
<u>J</u>	Webs	ite: 🕨	www			_							H(c) Gr	oup exemption	numbe	<u>r</u> ▶		
K	Form o	of organi	zation:	X C	orporation	Trust	Association	LJ∘	ther >			_ Year	of forma	ation: 200	5 M	State of lega	ıl domicile:	DC
	art	1	Sur	nmary														
	_				the organi	zation's n	nission or mo	st signif	icant activ	ities.	The	Orga	nizatio	n's mission	`			
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	4	Nu	mber	of indep	pendent vo	ting mem	bers of the g	overning	g body (Pa	art VI	l, line 1	b) .			4			0
	5	To	tal nu	mber of	employees	s (Part V	line 2a)					٠			5			0
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	13	Gra	ants a	and simi	lar amount	s paid (P	art IX, colum	n (A), lin	i <b>es 1–3</b> ) .						C	)		. 0
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Application per I Tax-exempt J Website: K Form of organ Part I Sign Here				er expenses (Part IX, column (A), lines 11a–11d, 11f–24f)														
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88	20				art X, line 1										12,350			12,350
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						s. Subtra	act line 21 fro	m line 2	0	• •	<u></u>	٠			12,350	<u> </u>		12,350
P	art II	_		nature					<del></del>									
		- 1	Unde	r penaltie:	s of perjury, in	declare that	I have examined te. Declaration of	this return	n, including a	accomp	panying s	chedu	les and s	statements, an	d to the	best of my kr	iowledge	
			and	A)	irue, wired, i	and comple	te. Declaration of	preparer :	(Other than to	niicei)	is baseu	On all I	nionnau G	on or which pre	eparer n	as any knowi	eage.	
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Us	e On	nly		f-employe														
			addr	ess, and Z	IP+4 7									Phone no.	<u> </u>		<b>-</b>	
Ma	ay the	e IRS o	discus	ss this re	eturn with t	he prepa	rer shown ab	ove? (se	ee instruc	tions)	)						Yes	No
	_																Form 99	0 (2009)
		, -1															_	. ,

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average		_		_	that ap		Reportable	Reportable	Estimated
	hours per week	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 and related organizations
Jane Kinney Meyers President	60.							0	0	0
Monica Baker Director								0	0	0
Jim Hammerschmidt Director	1.							0	0	0
Jenifer Kirtland Director	1.						_	0	0	0
Carol T. McClarnon  Director	1.							0	0	0
Mary Beth O'Brien Director	1.							0	0	0
Sally Sinn Director	1.						L	0	0	0
Stuart Yikona Director	1.							0	0	0

r a	rt VII Section A. Officers, Directors, Tru (A)	(B)	ipio,	663		C)	jiles		(D)	(E)	(F)	
	Name and title	Average	Po	sition	(chec	k all t	hat ap	ply)	Reportable	Reportable	Estimated	
		hours per week	Individual trustee or director	Institutional trustee	myloyee Key employee Officer Institutional trustee		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 and related organizations	
1b	Total							<b>•</b>	0	C		
2	Total number of individuals (including but no reportable compensation from the organization		e list	ed a	bove 0	e) wh	o rec	eive	d more than \$10	00,000 in		
3	Did the organization list any <b>former</b> officer, employee on line 1a? <i>If "Yes," complete Sci</i>										Yes No	
4	For any individual listed on line 1a, is the sur the organization and related organizations g individual	•							•	000000	4 X	
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Yo									1.3	5 X	
Sec	tion B. Independent Contractors						·					
1	Complete this table for your five highest comcompensation from the organization.	pensated indep	end	ent c	ontra	acto	rs tha	t rec	eived more than	1 \$100,000 of		
	(A) Name and business a	ddress							(B) Description of ser	vices C	(C) ompensation	
											(	
								-			(	
								$\vdash$				
2	Total number of independent contractors (in more than \$100,000 in compensation from the contractors)			ed to	thos	se lis	ted a		e) who received	14 14	Walang ding.	

11a Net assets released from restrictions

All other revenue . . . .

Total. Add lines 11a-11d.

Total revenue. See instructions.

48,533

48,533

130.385

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0

# Form 990 (2009) Lubuto Library Project, Inc. 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 rec	luirea to complete	columns (B), (C), a	nd (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	0			100
2	Grants and other assistance to individuals in			20 To 10 To	
	the U.S. See Part IV, line 22	0			10000
3	Grants and other assistance to governments,			- 解酶類例	1000
	organizations, and individuals outside the				100 mg
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0		200000000000000000000000000000000000000	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	. 0			
7	Other salaries and wages	4,002	1,770	2,232	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	35,149	35,149		
b	Legal	0			
C	Accounting	3,369	3,369		
d	Lobbying	0		Management and the first Management American Company	
е	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0	<del></del> -		
12	Advertising and promotion	0			
13	Office expenses	2,467	929		
14	Information technology	4,415	4,415		
15	Royalties	0			
16	Occupancy	1,443			
17	Travel	10,827	10,827		
18	Payments of travel or entertainment expenses			:	
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			·/· · · · · · · · · · · · · · · · · ·
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	402	0	402	0
23	Insurance	0	4.6		
24	Other expenses. Itemize expenses not	AMEL		A STATE OF THE PARTY OF THE PAR	
	covered above. (Expenses grouped together	Company of the Compan	<b>一种种类型</b>		
	and labeled miscellaneous may not exceed		<b>未被除</b> 地。	<b>一种种种种</b>	Company of the Compan
	5% of total expenses shown on line 25 below.)	0.010	7 000		CALL AND BUSINESS
a	Printing, publications, postage and shipping	8,248 14,171	7,368 14,054		299
b	program development	14,1/1 28,875			
C	Books to Zambia	28,875	327		
d	library construction	2,320		437	
e	dues, registration, licenses and fees All other expenses	4,748			
75	Total functional expenses. Add lines 1 through 24f	120,763			299
25		120,103	110,201	5,427	200
26	Joint costs. Check here I if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising				
	solicitation		1		Form <b>990</b> (2009

#### Balance Sheet Part X (A) (B) Beginning of year End of year 1 2 Savings and temporary cash investments . . . . . 2 3 n 3 4 0 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 0 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 Notes and loans receivable, net . . . . . . . . . . . . . . . . . . 0 7 Inventories for sale or use . . . . . . . . . 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 12,350 10c Investments—publicly traded securities . . . . . 11 11 0 12 Investments-other securities. See Part IV, line 11. 12 0 13 Investments—program-related. See Part IV, line 11. . . ol 13 0 14 14 0 Other assets. See Part IV, line 11 . . . . . . . . . . 15 Λl 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 12,350 16 17 Accounts payable and accrued expenses . . . . . . . . . 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . ol 23 24 Unsecured notes and loans payable to unrelated third parties . . . . ol 24 0 25 n 25 0 26 Total liabilities. Add lines 17 through 25 26 O Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 28 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. Capital stock or trust principal, or current funds . . . . . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . 31 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 33 0 Total liabilities and net assets/fund balances 34 O Form 990 (2009)