| Form <b>990</b> |  |
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Department of the Treasury

0040

Internal Revenue Service

# \*\* PUBLIC DISCLOSURE COPY \*\* Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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



| A                       | For the                 | and a calendar year, or tax year beginning and and a   | enaing     |                              |                             |
|-------------------------|-------------------------|--|------------|------------------------------|-----------------------------|
| B                       | Check if<br>applicabl   | c Name of organization   |            | D Employer identifie         | cation number               |
|                         | Addre                   | EITHUANIAN FOUNDATION, INC.  |            |                              |                             |
|                         | Name<br>chang           |  |            | 36-63                        | 118312                      |
|                         | Initial<br>return       |  | Room/suite | E Telephone number           |                             |
|                         | Final<br>return         | 14911 127TH STREET   |            | 630-2                        | 257-1616                    |
|                         | termin<br>ated          | , , , , , , , , , , , , , , , , , , ,  |            | <b>G</b> Gross receipts \$   | 19,432,753.                 |
|                         | Amen                    | LEMONT, IL 00439-7417  |            | H(a) Is this a group re      |                             |
|                         | Applic<br>tion<br>pendi | Finance and address of principal officer. 11101010 DODLID  |            | for subordinates             | ? Yes X No                  |
|                         |                         | SAME AS C ABOVE  |            | H(b) Are all subordinates in | cluded? Yes No              |
|                         |                         | empt status: 🔀 501(c)(3) 🚺 501(c) ( ) ┥ (insert no.) 🗌 4947(a)(1) c  | or 527     |                              | list. (see instructions)    |
|                         |                         | te: WWW.LITHUANIANFOUNDATION.ORG   |            | H(c) Group exemption         |                             |
|                         |                         | organization: 🔀 Corporation 🔄 Trust 🦳 Association 🦳 Other 🕨  | L Year     | of formation: 1962 N         | State of legal domicile: IL |
| Pa                      | art I                   | Summary  |            |                              |                             |
| Ð                       | 1                       | Briefly describe the organization's mission or most significant activities: <b>FUND</b>  | ING LI     | THUANIAN CUI                 | TURAL AND                   |
| Activities & Governance |                         | EDUCATIONAL ACTIVITIES.  |            |                              |                             |
| erné                    | 2                       | Check this box 🕨 🛄 if the organization discontinued its operations or dispos   | ed of more |                              |                             |
| Ň                       | 3                       |  |            |                              | 15                          |
| ల<br>ళ                  | 4                       | Number of independent voting members of the governing body (Part VI, line 1b)  |            |                              | 15                          |
| ies                     | 5                       | Total number of individuals employed in calendar year 2018 (Part V, line 2a)   |            |                              | 3                           |
| ivit                    | 6                       | Total number of volunteers (estimate if necessary)   |            |                              | 20                          |
| Act                     | 7 a                     | Total unrelated business revenue from Part VIII, column (C), line 12   |            |                              | 0.                          |
|                         | b                       | Net unrelated business taxable income from Form 990-T, line 38   | <u> </u>   |                              |                             |
|                         |                         |  |            | Prior Year<br>133,984.       | Current Year<br>214,818.    |
| ne                      | 8                       | Contributions and grants (Part VIII, line 1h)  |            | 0.                           | 0.                          |
| Revenue                 | 9                       | Program service revenue (Part VIII, line 2g)   |            | 2,876,805.                   | 4,598,104.                  |
| Be                      | 10                      | Investment income (Part VIII, column (A), lines 3, 4, and 7d)  |            | -2,390.                      | 2,344.                      |
|                         | 1                       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   |            | 3,008,399.                   | 4,815,266.                  |
|                         |                         | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)<br>Grants and similar amounts paid (Part IX, column (A), lines 1-3) |            | 891,264.                     | 1,097,447.                  |
|                         |                         |  |            | 0,                           | <u> </u>                    |
|                         | 45                      | Benefits paid to or for members (Part IX, column (A), line 4)  |            | 131,202.                     | 135,313.                    |
| ses                     | 162                     | Professional fundraising fees (Part IX, column (A), line 11e)  |            | 0.                           | 0.                          |
| Expenses                | h                       | Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 61, 56   | 55.        |                              |                             |
| Ĕ                       | 17                      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |            | 762,834.                     | 317,347.                    |
|                         | 1                       | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  |            | 1,785,300.                   | 1,550,107.                  |
|                         | 1                       | Revenue less expenses. Subtract line 18 from line 12   |            | 1,223,099.                   | 3,265,159.                  |
| or                      | 6                       |  |            | ginning of Current Year      | End of Year                 |
| ets (                   | 20                      | Total assets (Part X, line 16)   |            | 40,674,784.                  | 36,090,368.                 |
| ASS                     | 21                      | Total liabilities (Part X, line 26)  |            | 2,072,063.                   | 1,028,925.                  |
| Net Assets (            | 22                      | Net assets or fund balances. Subtract line 21 from line 20   |            | 38,602,721.                  | 35,061,443.                 |
|                         | art II                  | Signature Block  |            |                              | • •                         |

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

| Sign        | Signature of officer                              |                                     | Date                                |
|-------------|---|-------------------------------------|-------------------------------------|
| Here        | TAURAS BUBLYS, PRESIDE                            | INT                                 |                                     |
|             | Type or print name and title                      |                                     |                                     |
|             | Print/Type preparer's name                        | Preparer's signature                | Date Check DTIN                     |
| Paid        | BRYAN L. PAUTSCH, CPA                             | BRYAN L. PAUTSCH,                   | CP 04/29/19 self-employed P00034913 |
| Preparer    | Firm's name 🕒 SIKICH LLP                          |                                     | Firm's EIN 🕨 36-3168081             |
| Use Only    | Firm's address 🖌 1415 W. DIEHL RI                 | D. SUITE 400                        |                                     |
|             | NAPERVILLE, IL 6                                  | 50563-2349                          | Phone no. (630)566-8400             |
| May the II  | RS discuss this return with the preparer shown ab | ove? (see instructions)             | X Yes No                            |
| 832001 12-3 | 1-18 LHA For Paperwork Reduction Act Not          | ice, see the separate instructions. | Form <b>990</b> (2018)              |

| Form  | 990 (2018) LITHUANIAN FOUNDATION, INC.  | 36-       | 6118     | 3312      | Page <b>2</b>   |
|-------|---|-----------|----------|-----------|-----------------|
| Par   | t III Statement of Program Service Accomplishments  |           |          |           |                 |
|       | Check if Schedule O contains a response or note to any line in this Part III  | <u></u>   |          |           |                 |
| 1     | Briefly describe the organization's mission:<br><u>TO PRESERVE AND FOSTER LITHUANIAN CULTURE AND TRADITIONS</u><br><u>STATES, LITHUANIA AND LITHUANIAN COMMUNITIES WORLDWIDE.</u> | IN        | THE      | UNIT      | ED              |
|       |   |           |          |           |                 |
| 2     | Did the organization undertake any significant program services during the year which were not listed on the  |           |          |           |                 |
|       | prior Form 990 or 990-EZ?   |           |          | Yes       | XNo             |
| ~     | If "Yes," describe these new services on Schedule O.  |           |          | Yes       | <b>X</b> No     |
| 3     | Did the organization cease conducting, or make significant changes in how it conducts, any program services? .<br>If "Yes," describe these changes on Schedule O.                 |           |          |           |                 |
| 4     | Describe the organization's program service accomplishments for each of its three largest program services, as n  |           |          |           |                 |
|       | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others revenue, if any, for each program service reported.           | s, the to | otal exp | enses, ar | nd              |
| 4a    | (Code:) (Expenses \$1,233,319. including grants of \$1,097,447. ) (Revenue  | ue \$     |          |           | ,               |
|       | THE FOUNDATION IS ORGANIZED TO SUPPORT AND PROMOTE ALL EN   |           | TS I     | FOR       | ,               |
|       | RESEARCH OF LITHUANIAN AMERICAN HERITAGE ESPECIALLY LITHU   | JANI      | AN I     | LANGU     | AGE             |
|       | AND CULTURE INCLUDING GRANTS TO UNIVERSITY STUDENTS.  |           |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
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|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
| 4b    | (Code:) (Expenses \$ including grants of \$) (Revenue   | e\$       |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
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|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
| 4c    | (Code:) (Expenses \$ including grants of \$) (Revenue   | e\$       |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
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|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
|       |   |           |          |           |                 |
| 4d    | Other program services (Describe in Schedule O.)  |           |          | `         |                 |
| 40    | (Expenses \$ including grants of \$ )     (Revenue \$ )       Total program service expenses ►     1,233,319.   |           |          | )         |                 |
| 4e    |   |           |          | Form 9    | <b>90</b> (2018 |
| 32002 | 2 12-31-18  |           |          |           | - 10            |
|       | 2   |           |          |           |                 |

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Form 990 (2018) LITHUANIAN FOUNDATION, INC.
Part IV Checklist of Required Schedules

|        |  |            | Yes          | No       |
|--------|--|------------|--------------|----------|
| 1      | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  |            |              |          |
|        | If "Yes," complete Schedule A  | 1          | X            |          |
| 2      | Is the organization required to complete Schedule B, Schedule of Contributors?   | 2          | X            |          |
| 3      | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for  |            |              | 37       |
|        | public office? If "Yes," complete Schedule C, Part I   | 3          |              | X        |
| 4      | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect   |            |              | Х        |
| -      | during the tax year? If "Yes," complete Schedule C, Part II  | 4          |              |          |
| 5      | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or   | 5          |              | х        |
| 6      | similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i><br>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to                             | 5          |              | <u></u>  |
| 0      | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   | 6          |              | х        |
| 7      | Did the organization receive or hold a conservation easement, including easements to preserve open space,  |            |              |          |
|        | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7          |              | Х        |
| 8      | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete   | <u> </u>   |              |          |
| -      | Schedule D, Part III   | 8          |              | Х        |
| 9      | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for  |            |              |          |
|        | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  |            |              |          |
|        | If "Yes," complete Schedule D, Part IV   | 9          |              | Х        |
| 10     | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent  |            |              |          |
|        | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10         |              | X        |
| 11     | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X   |            |              |          |
|        | as applicable.   |            |              |          |
| а      | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,  |            |              |          |
|        | Part VI  | 11a        | X            |          |
| b      | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total  |            |              |          |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 11b        |              | X        |
| С      | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total   |            |              | v        |
|        | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c        |              | X        |
| d      | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in   | 444        |              | Х        |
| •      | Part X, line 16? If "Yes," complete Schedule D, Part IX  | 11d<br>11e |              | X        |
|        | Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i><br>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | Tie        |              | <u></u>  |
| '      | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   | 11f        | x            |          |
| 12a    | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete  |            |              |          |
| 124    | Schedule D, Parts XI and XII   | 12a        | x            |          |
| 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 and XII is optional  | 12b        |              | Х        |
| 13     | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13         |              | Х        |
| 14a    |  | 14a        |              | Х        |
| b      | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,  |            |              |          |
|        | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000   |            |              | _        |
|        | or more? If "Yes," complete Schedule F, Parts I and IV   | 14b        |              | X        |
| 15     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any  |            | Ţ,           |          |
|        | foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15         | X            |          |
| 16     | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to   |            |              |          |
|        | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  | 16         | X            |          |
| 17     | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,  | 47         |              | v        |
| 10     | column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i>   | 17         |              | <u>X</u> |
| 18     | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines   | 18         | x            |          |
| 19     | 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i><br>Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"   |            |              |          |
| 13     | complete Schedule G, Part III  | 19         |              | Х        |
| 20a    | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  | 20a        |              | X        |
|        | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | 20b        |              |          |
| 21     | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or  |            |              |          |
|        | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II  | 21         | х            |          |
| 332003 | 12-31-18   | Form       | <b>990</b> ( | 2018)    |

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| Form  | 990 | (2018) | ۱ |
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 Form 990 (2018)
 LITHUANIAN FOUNDATION, INC.
 36-6118312
 Page 4

 Part IV
 Checklist of Required Schedules (continued)
 Page 4

|        |   |            | Yes | No       |
|--------|---|------------|-----|----------|
| 22     | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on                   |            |     |          |
|        | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III   | 22         | Х   |          |
| 23     | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current      |            |     |          |
|        | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete                  |            |     |          |
|        | Schedule J  | 23         |     | X        |
| 24a    | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the         |            |     |          |
|        | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete              |            |     |          |
|        | Schedule K. If "No," go to line 25a   | 24a        |     | x        |
| b      | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?                               | 24b        |     |          |
|        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease            |            |     |          |
| •      | any tax-exempt bonds?   | 24c        |     |          |
| Ь      | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?                         | 24d        |     |          |
|        | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit                    |            |     |          |
| 200    | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I                                   | 25a        |     | x        |
| h      | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and      | 254        |     |          |
| b      | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete           |            |     |          |
|        |   | 25b        |     | x        |
| 00     | Schedule L, Part I  | 230        |     |          |
| 26     | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or           |            |     |          |
|        | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"          |            |     | v        |
| 07     | complete Schedule L, Part II  | 26         |     | X        |
| 27     | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial            |            |     |          |
|        | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member             |            |     | v        |
|        | of any of these persons? If "Yes," complete Schedule L, Part III  | 27         |     | X        |
| 28     | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV               |            |     |          |
|        | instructions for applicable filing thresholds, conditions, and exceptions):   |            |     | v        |
|        | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV                         | 28a        |     | X        |
|        | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV      | 28b        |     | X        |
| С      | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, |            |     | 37       |
|        | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  | 28c        |     | X        |
| 29     | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M                        | 29         |     | X X      |
| 30     | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation     |            |     |          |
|        | contributions? If "Yes," complete Schedule M  | 30         |     | X X      |
| 31     | Did the organization liquidate, terminate, or dissolve and cease operations?  |            |     |          |
|        | If "Yes," complete Schedule N, Part I   | 31         |     | X X      |
| 32     | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete                |            |     |          |
|        | Schedule N, Part II   | 32         |     | X        |
| 33     | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations                      |            |     |          |
|        | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I   | 33         |     | X        |
| 34     | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and       |            |     |          |
|        | Part V, line 1  | 34         |     |          |
|        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | <u>35a</u> |     | X        |
| b      | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity       |            |     |          |
|        | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b        |     | <u> </u> |
| 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         |     | X        |
| 37     | Did the organization conduct more than 5% of its activities through an entity that is not a related organization                |            |     |          |
|        | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI                    | 37         |     |          |
| 38     | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?                  |            |     |          |
| Der    | Note. All Form 990 filers are required to complete Schedule O   | 38         | Х   |          |
| Par    |   |            |     |          |
|        | Check if Schedule O contains a response or note to any line in this Part V  | <u></u>    |     | ╷└──     |
|        |   |            | Yes | No       |
|        | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a   | -          |     |          |
|        | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0  | -          |     |          |
| с      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming              |            |     |          |
|        | (gambling) winnings to prize winners?   | 1c         | 000 | <u> </u> |
| 832004 | 12-31-18  | Form       | 990 | (2018)   |
|        | 4   |            |     |          |

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<sup>2018.03030</sup> LITHUANIAN FOUNDATION, IN 10004981

| Form   | 990 (2018) LITHUANIAN FOUNDATION, INC. 36-6118   | 312       | Р   | age <b>5</b> |
|--------|--|-----------|-----|--------------|
| Par    | t V Statements Regarding Other IRS Filings and Tax Compliance (continued)  |           |     |              |
|        |  |           | Yes | No           |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,  |           |     |              |
|        | filed for the calendar year ending with or within the year covered by this return 2a 3   |           |     |              |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b        | X   |              |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)   |           |     |              |
|        | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a        |     | X            |
|        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O  | 3b        |     |              |
| 4a     | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a  |           |     |              |
|        | financial account in a foreign country (such as a bank account, securities account, or other financial account)?   | 4a        | X   |              |
| b      | If "Yes," enter the name of the foreign country: ► LITHUANIA   |           |     |              |
|        | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |           |     |              |
|        | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <u>5a</u> |     | X            |
|        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   | 5b        |     | X            |
|        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  | <u>5c</u> |     |              |
| 6a     | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit  |           |     |              |
|        | any contributions that were not tax deductible as charitable contributions?  | <u>6a</u> |     | X            |
| b      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts   |           |     |              |
|        | were not tax deductible?   | 6b        |     |              |
| 7      | Organizations that may receive deductible contributions under section 170(c).  |           |     |              |
| а      | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  | 7a        |     | X            |
|        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b        |     |              |
| С      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required  |           |     |              |
|        | to file Form 8282?   | 7c        |     | X            |
| d      | If "Yes," indicate the number of Forms 8282 filed during the year 7d   | _         |     | v            |
| е      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  | 7e        |     | X            |
| f      | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   | 7f        |     | X            |
| g      | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   | 7g        |     |              |
| -      | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   | 7h        |     |              |
| 8      | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the   |           |     |              |
| •      | sponsoring organization have excess business holdings at any time during the year?   | 8         |     |              |
| 9      | Sponsoring organizations maintaining donor advised funds.  | 0         |     |              |
| a      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a        |     |              |
| b      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  | 9b        |     |              |
| 10     | Section 501(c)(7) organizations. Enter:  |           |     |              |
|        | Initiation fees and capital contributions included on Part VIII, line 12 10a   | 1         |     |              |
| b      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 1         |     |              |
| 11     | Section 501(c)(12) organizations. Enter:   |           |     |              |
| a<br>h | Gross income from members or shareholders       11a         Gross income from other sources (Do not net amounts due or paid to other sources against       1   |           |     |              |
| b      |  |           |     |              |
| 100    | amounts due or received from them.) [11b]<br>Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a       |     |              |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | 120       |     |              |
| 13     | Section 501(c)(29) qualified nonprofit health insurance issuers.   |           |     |              |
|        | Is the organization licensed to issue qualified health plans in more than one state?   | 13a       |     |              |
| a      | <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.   | 154       |     |              |
| h      | Enter the amount of reserves the organization is required to maintain by the states in which the   |           |     |              |
| U      | organization is licensed to issue qualified health plans   |           |     |              |
| с      | Enter the amount of reserves on hand   |           |     |              |
| 14a    |  | 14a       |     | X            |
|        | Did the organization receive any payments for indoor tanning services during the tax year?<br>If "Yes," has it filed a Form 720 to report these payments? <i>If</i> " <i>No</i> ," <i>provide an explanation in Schedule O</i> | 14b       |     |              |
| 15     | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or  |           | 1   |              |
| .0     | excess parachute payment(s) during the year?   | 15        |     | x            |
|        | If "Yes," see instructions and file Form 4720, Schedule N.   |           |     |              |
| 16     | Is the experimentian and experiment in stitution explored to the experimentary of the experiment in sectors 2  | 16        |     | x            |
|        | If "Yes," complete Form 4720, Schedule O.  |           |     |              |
| -      |  |           |     |              |

Form **990** (2018)

832005 12-31-18

|  | Form | 990 | (201 | 8 |
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LITHUANIAN FOUNDATION, INC.

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

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

| Check if Schedule O contains a response or note to any line in this Part V | /I |
|--|----|
| Section A. Governing Body and Management                                   |    |

| nter the number of voting members of the governing body at the end of the tax year  | 1a<br>1b   |  | 15   |  |  |  |
|---|--|--|--|--|--|--|
| ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0.<br>Inter the number of voting members included in line 1a, above, who are independent<br>id any officer, director, trustee, or key employee have a family relationship or a business relationship<br>fficer, director, trustee, or key employee? | <u> </u>   |  |  |  |  |  |
| nter the number of voting members included in line 1a, above, who are independent<br>id any officer, director, trustee, or key employee have a family relationship or a business relationship<br>fficer, director, trustee, or key employee?<br>id the organization delegate control over management duties customarily performed by or under the     | <u> </u>   |  |  |  |  |  |
| id any officer, director, trustee, or key employee have a family relationship or a business relationship<br>fficer, director, trustee, or key employee?<br>id the organization delegate control over management duties customarily performed by or under the  | <u> </u>   |  |  |  |  |  |
| fficer, director, trustee, or key employee?<br>id the organization delegate control over management duties customarily performed by or under the  |  |  | 15   |  |  |  |
| id the organization delegate control over management duties customarily performed by or under the   | with a   | ny other   |  |  |  |  |
|   |  |  | L  | 2  |  | Х  |
|   | direct   | supervision  |  |  |  |  |
| f officers, directors, or trustees, or key employees to a management company or other person?   |  |  | L  | 3  |  | X  |
| id the organization make any significant changes to its governing documents since the prior Form 99   | 90 was   | filed?   | L  | 4  |  | Х  |
| id the organization become aware during the year of a significant diversion of the organization's ass   | ets?   |  | L  | 5  |  | X  |
| id the organization have members or stockholders?   |  |  | L  | 6  | Х  |  |
| id the organization have members, stockholders, or other persons who had the power to elect or ap   | point o  | ne or  |  |  |  |  |
| nore members of the governing body?   |  |  | L  | 7a   | Х  |  |
|   |  |  |  |  |  |  |
| ersons other than the governing body?   |  |  | L  | 7b   |  | X  |
|   |  |  |  |  |  |  |
| he governing body?  |  |  |  | 8a   | Х  |  |
|   |  |  |  | 8b   | Х  |  |
|   |  |  | Γ  |  |  |  |
|   |  |  |  | 9  |  | Х  |
| on B. Policies (This Section B requests information about policies not required by the Internal Rev   | venue (  | Code.)   |  |  |  |  |
|   |  | ,  |  |  | Yes  | No   |
| id the organization have local chapters, branches, or affiliates?   |  |  | Г  | 10a  |  | Х  |
|   |  |  | Γ  |  |  |  |
| nd branches to ensure their operations are consistent with the organization's exempt purposes?  |  |  | L  | 10b  |  |  |
|   |  |  |  | 11a  | Х  |  |
| escribe in Schedule O the process, if any, used by the organization to review this Form 990.  |  |  |  |  |  |  |
| id the organization have a written conflict of interest policy? If "No." go to line 13  |  |  |  | 12a  | Х  |  |
|   |  |  |  | 12b  | Х  |  |
|   |  |  | Γ  |  |  |  |
|   | ,  |  |  | 12c  | х  |  |
|   |  |  |  | 13   | Х  |  |
|   |  |  |  | 14   | Х  |  |
|   |  |  |  |  |  |  |
|   | -  |  |  |  |  |  |
| he organization's CEO, Executive Director, or top management official   |  |  |  | 15a  |  | Х  |
|   |  |  |  |  |  | Х  |
|   |  |  |  |  |  |  |
|   | ent wit  | ha   |  |  |  |  |
|   |  |  | Γ  | 16a  |  | Х  |
| , , , ,   |  |  |  |  |  |  |
|   |  | •  |  |  |  |  |
|   |  |  |  | 16b  |  |  |
|   |  |  |  |  |  |  |
| ist the states with which a copy of this Form 990 is required to be filed $lacksquare$  |  |  |  |  |  |  |
|   | 1 990-T  | (Section 501   | (c)(3)s c  | only) a  | availab  | le   |
|   |  |  |  |  |  |  |
|   | in Sch   | edule O)   |  |  |  |  |
|   |  | ,  | y, and fi  | nanci  | al   |  |
|   |  | •  |  |  |  |  |
|   | ks and   | records  | _  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| i i i i i i i i i i i i i i i i i i i   |  |  |  | Form   | 990  | (201   |
|   | bid the organization have members, stockholders, or other persons who had the power to elect or approve members of the governing body?         ue any governance decisions of the organization reserved to (or subject to approval by) members, stores errors other than the governing body?         id the organization contemporaneously document the meetings held or written actions undertaken during the year he governing body?         is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read reganization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Revious of the organization have local chapters, branches, or affiliates?         "Yes," did the organization have written policies and procedures governing the activities of such chand branches to ensure their operations are consistent with the organization's consistent purposes?         ias the organization provided a complete copy of this Form 990 to all members of its governing body bescribe in Schedule O the process, if any, used by the organization to review this Form 990.         id the organization neva a written conflict of interest policy? (if *No,* go to line 13         were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise id the organization have a written whistleblower policy?         id the organization have a written conflict of interest policy?         id the organization have a written worther treethion and destruction policy?         if the organization invest written whistleblower policy?         id the organi | Note that the organization have members, stockholders, or other persons who had the power to elect or appoint of or ore members of the governing body?         ver any governance decisions of the organization reserved to (or subject to approval by) members, stockhold eresons other than the governing body?         ver any different than the governing body?         ver any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at reganization's mailing address? // "Yes," provide the names and addresses in Schedule O         On B. Policies (This Section B requests information about policies not required by the Internal Revenue O         Not the organization have local chapters, branches, or affiliates?         "Yes," did the organization have written policies and procedures governing the activities of such chapters, and branches to ensure their operations are consistent with the organization's exempt purposes?         last the organization provided a complete copy of this Form 990 to all members of its governing body before bescribe in Schedule O the process, if any, used by the organization to review this Form 990.         Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confil did the organization have a written document retention and enforce compliance with the policy? If "Yes," de to fall the organization have a written monitor and enforce compliance with the policy? If "Yes," de to cagnization have a written document retention and destruction policy?         Not the organization have a written whistleblower policy?       Ide the organization have a written document retention and destruction policy? | Not the organization have members, stockholders, or other persons who had the power to elect or appoint one or nore members of the governing body?  if the organization of the organization reserved to (or subject to approval by) members, stockholders, or ersons other than the governing body?  if the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: he governing body?  ach committee with authority to act on behalf of the governing body?  ach committee with authority to act on behalf of the governing body?  ach committee with authority to act on behalf of the governing body?  ach committee with authority to act on behalf of the governing in Schedule O  on B. Policies ( <i>This Section B requests information about policies not required by the Internal Revenue Code</i> )  of the organization have local chapters, branches, or affiliates?  "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  at the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  bid the organization nave a written conflict of interest policy? <i>If 'No</i> ," go to line 13  for enganization have a written document retention and destruction policy?  bid the organization have a written whistleblower policy?  bid the organization have a written whistleblower policy?  bid the organization have a written whistleblower policy?  bid the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a axable entity during the year?  'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation state to superstate in scontribute assets to, or participate in a joint venture or si | bid the organization have members, stockholders, or other persons who had the power to elect or appoint one or nore members of the governing body?         id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; he governing body?         id the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; he governing body?         ach committee with authority to act on behaff of the governing body?         ach committee, or key employee listed in Part VII, Section A, who cannot be reached at the reganization smalling address? If "Yes," and addresses in Schedule O         On B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)         We organization provided a complete copy of this Form 990 to all members of its governing body?         Is the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?         Ber officers, director, trustees, and key employees required to disclose annually interests that could give rise to conflicts?         Bid the organization have written conflict of interest policy? If 'No,' go to line 13         Bid the organization have a written whistleblower policy?         Bid the organization have a written document retention and destruction policy?         Bid the organization have a written whistleblower policy?         Bid the organization have a written written whistleblower policy?         Bid the organization have a written written written document r | bit the organization have members, stockholders, or other persons who had the power to elect or appoint one or ore members of the governing body?       7         id the organization common decisions of the organization reserved to (or subject to approval by) members, stockholders, or 75       7         id the organization common decisions of the organization reserved to (or subject to approval by) members, stockholders, or 75       8         id the organization common decisions of the organization reserved to (or subject to approval by) members, stockholders, or 75       8         id the organization memoraneously document the meetings held or written actions undertaken during the year by the following; the governing body?       8         ach committee with authority to act on behalf of the governing body?       8         ach committee with authority to act on behalf of the governing body?       8         ach committee with authority to act on behalf of the governing body?       8         ach comparization requires and store and addresses in Schedule 0       9         or B. Policies? (This Section B requests information about policies not required by the Internal Revenue Code.)       10a         id the organization novided a complete copy of this Form 900 to all members of its governing body Perfore filing the form?       11a         iescribe in Schedule 0 the process, if any, used by the organization to review this Form 990.       12a         id the organization have a written whisteblower policy?       14a         id the organizatio | id the organization have members, stockholders, or other persons who had the power to elect or appoint one or any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or resons other than the governing body?       Ta         erang governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or resons other than the governing body?       Ba         is the organization contemportaneously document the meetings held or written actions undertaken during the year by the following:       Ba         is denominative with authority to act on behalf of the governing body?       Ba       X         is there any office, director, trustes, or key employee listed in Part VII. Section A, who cannot be reached at the governing body regnalization have written policies and procedures governing the activities of such chapters, atfiliates, in the arganization have local chapters, branches, or affiliates?       Yes, ''yes,'' did the organization have written policies and procedures governing the activities of such chapters, atfiliates, in the arganization review written policies and procedures governing body before filing the form?         is the organization have written opciles copy of this Form 990 to all members of its governing body before filing the form?       Iza         id the organization have written whilestolewer policy?       if at a capatization reserve while policies and procedures annually interests that could give rise to conflicts?       Iza         id the organization have a written whiletblower policy?       if at a capatization is every employees of the organization is every employes of the organization is every employes o |

| Part VII | ompensation of Officers, Directors, Trustees, Key Employees, Highest Compensate | d |
|----------|---|---|
|          | mployees, and Independent Contractors   |   |

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)                                | (B)  |   |                        | (0      | C)           |                                 |          | (D)                                    | (E)  | (F)  |
|------------------------------------|--|---|------------------------|---------|--------------|---------------------------------|----------|--|--|--|
| Name and Title                     | Average<br>hours per<br>week   | Position<br>(do not check more th<br>box, unless person is<br>officer and a director/ |                        |         |              |                                 | n an     | Reportable<br>compensation<br>from     | Reportable<br>compensation<br>from related | Estimated<br>amount of<br>other  |
|                                    | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | Individual trustee or director  | In stitutional trustee | Officer | Key employee | Highest compensated<br>employee | Former   | the<br>organization<br>(W-2/1099-MISC) | organizations<br>(W-2/1099-MISC)           | compensation<br>from the<br>organization<br>and related<br>organizations |
| (1) TAURAS BUBLYS                  | 5.00   |   |                        |         |              |                                 |          |  | 0  | 0  |
| PRESIDENT                          |  | Х   |                        | X       |              | -                               |          | 0.                                     | 0.   | 0.   |
| (2) SAULIUS CYVAS                  | 5.00   |   |                        |         |              |                                 |          |  | 0  | 0  |
| DIRECTOR<br>(3) RIMANTAS GRISKELIS | 5.00   | Х   |                        |         |              | -                               | <u> </u> | 0.                                     | 0.   | 0.   |
| DIRECTOR                           | 5.00   | x   |                        |         |              |                                 |          | 0.                                     | 0.   | 0.   |
| (4) JUOZAS KAPACINSKAS             | 5.00   |   |                        |         |              |                                 |          |  |  |  |
| DIRECTOR                           |  | х   |                        |         |              |                                 |          | 0.                                     | 0.   | 0.   |
| (5) AUDRONE KARALIUS               | 5.00   |   |                        |         |              |                                 |          |  |  |  |
| CHAIRMAN                           |  | Х   |                        | X       |              |                                 |          | 0.                                     | 0.   | 0.   |
| (6) MILDA DAVIS                    | 5.00   |   |                        |         |              |                                 |          |  |  |  |
| DIRECTOR                           |  | Х   |                        |         |              |                                 |          | 0.                                     | 0.   | 0.   |
| (7) MARIUS KASNIUNAS               | 5.00   |   |                        |         |              |                                 |          |  |  |  |
| DIRECTOR                           |  | Х   |                        |         |              |                                 |          | 0.                                     | 0.   | 0.   |
| (8) RUTA KULBIS                    | 5.00   |   |                        |         |              |                                 |          |  |  |  |
| DIRECTOR                           |  | Х   |                        |         |              |                                 |          | 0.                                     | 0.   | 0.   |
| (9) VYTAUTAS NARUTIS               | 5.00   |   |                        |         |              |                                 |          |  |  |  |
| DIRECTOR                           |  | Х   |                        |         |              |                                 |          | 0.                                     | 0.   | 0.   |
| (10) ANTANAS RUZMA JR.             | 5.00   |   |                        |         |              |                                 |          |  |  |  |
| DIRECTOR                           |  | Х   |                        |         |              | <u> </u>                        |          | 0.                                     | 0.   | 0.   |
| (11) DARIUS SABALIUNAS             | 5.00   |   |                        |         |              |                                 |          |  |  | •  |
| DIRECTOR                           | <b>F</b> 00  | Х   | <u> </u>               |         |              |                                 |          | 0.                                     | 0.   | 0.   |
| (12) ARVYDAS TAMULIS               | 5.00   |   |                        |         |              |                                 |          |  | 0  | 0  |
| DIRECTOR                           |  | Х   |                        |         |              | -                               |          | 0.                                     | 0.   | 0.   |
| (13) GINTARAS VAISNYS              | 5.00   |   |                        |         |              |                                 |          | 0                                      | 0  | 0  |
| DIRECTOR                           | F 00   | Х   |                        |         |              | -                               |          | 0.                                     | 0.   | 0.   |
| (14) DALIUS VASYS<br>DIRECTOR      | 5.00   | x   |                        |         |              |                                 |          | 0.                                     | 0.   | 0.   |
| (15) AGNE VERTELKAITE              | 5.00   | <u>^</u>  | -                      |         | -            | $\vdash$                        |          | U •                                    | U •  | U•   |
| DIRECTOR                           | 5.00   | x   |                        |         |              |                                 |          | 0.                                     | 0.   | 0.   |
|                                    |  |   |                        |         |              | $\vdash$                        |          |  |  |  |
|                                    |  | _   |                        |         |              | -                               |          |  |  |  |
|                                    |  |   |                        |         |              |                                 |          |  |  |  |
|                                    |  |   |                        |         |              | ·                               |          | •                                      |  | - 000 (22 (2)  |

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Form 990 (2018)

| Form 990 (2018) LITHUANIA                         | N FOUNE          | )AT                            | 'I0                    | N,      | I            | NC                              | •      |                          | 36-61             | 18:             | 312     | Pa            | age <b>8</b> |
|---|------------------|--------------------------------|------------------------|---------|--------------|---------------------------------|--------|--------------------------|-------------------|-----------------|---------|---------------|--------------|
| Part VII Section A. Officers, Directors, Trus     | tees, Key Emp    | oloy                           | ees,                   | and     | l Hig        | ghes                            | t C    | ompensated Employee      | s (continued)     |                 |         |               |              |
| (A) (B) (C) (D) (E)                               |                  |                                |                        |         |              |                                 |        |                          |                   |                 | (F)     |               |              |
| Name and title                                    | Average          |                                |                        | Posi    | ition        |                                 |        | Reportable               | Reportable        |                 | Fs      | timate        | d            |
| Nume and the                                      | hours per        |                                |                        |         |              | than o<br>s both                |        | compensation             | compensatio       | n               |         | nount         |              |
|   | week             |                                |                        |         |              | or/trus                         |        | from                     | from related      | I               |         | other         | 51           |
|   | (list any        | tor                            |                        |         |              |                                 |        | the                      | organizations     | I               |         | pensat        | tion         |
|   | hours for        | direc                          |                        |         |              | 5                               |        | organization             | (W-2/1099-MIS     |                 |         | om the        |              |
|   | related          | e or                           | stee                   |         |              | Isate                           |        | (W-2/1099-MISC)          | ()                | °,              |         | anizati       |              |
|   | organizations    | truste                         | al tru                 |         | /ee          | mpei                            |        | (                        |                   |                 | •       | d relate      |              |
|   | below            | dual t                         | ltion                  | _       | i plo        | st co                           | 5      |                          |                   |                 |         | nizatio       |              |
|   | line)            | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated<br>employee | Former |                          |                   |                 | 5       |               |              |
|   |                  | -                              |                        |         | ×            | 1 <u>+</u> 0                    |        |                          |                   | -+              |         |               |              |
|   |                  | ·                              |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              | -                               |        |                          |                   | $\rightarrow$   |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   | $ \rightarrow $ |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  | 1                              |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   | -               |         |               |              |
|   |                  | ł                              |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  | -                              |                        |         |              |                                 |        |                          |                   | -+              |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   | $ \rightarrow $ |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  | 1                              |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   | $\neg$          |         |               |              |
|   |                  | i                              |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
| the Crish destail                                 |                  |                                |                        |         |              |                                 |        | 0.                       |                   | 0.              |         |               | 0.           |
| 1b Sub-total                                      |                  |                                |                        |         |              |                                 |        | 0.                       |                   | 0.              |         |               | 0.           |
| c Total from continuation sheets to Part VI       |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
| d Total (add lines 1b and 1c)                     |                  |                                |                        |         |              |                                 |        | 0.                       |                   | 0.              |         |               | 0.           |
| 2 Total number of individuals (including but n    | ot limited to th | ose                            | liste                  | d ab    | ove          | ) wh                            | o re   | eceived more than \$100, | 000 of reportable | 1               |         |               |              |
| compensation from the organization                |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               | 0            |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         | Yes           | No           |
| 3 Did the organization list any former officer,   | director, or tru | ustee                          | e, ke                  | y en    | nplo         | yee,                            | or I   | highest compensated er   | nployee on        |                 |         |               |              |
| line 1a? If "Yes," complete Schedule J for s      | uch individual   |                                |                        |         |              |                                 |        |                          |                   |                 | 3       |               | Х            |
| 4 For any individual listed on line 1a, is the su |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
| and related organizations greater than \$150      | -                |                                |                        |         |              |                                 |        |                          | -                 |                 | 4       |               | Х            |
|   |                  |                                |                        |         |              |                                 |        |                          |                   | ·····           |         |               |              |
| 5 Did any person listed on line 1a receive or a   |                  |                                |                        |         |              |                                 |        |                          |                   |                 | -       |               | v            |
| rendered to the organization? If "Yes." com       | plete Schedule   | e J fo                         | or su                  | ich p   | bers         | on .                            |        |                          |                   |                 | 5       |               | Х            |
| Section B. Independent Contractors                |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
| 1 Complete this table for your five highest co    |                  |                                |                        |         |              |                                 |        |                          |                   | ensat           | ion fro | m             |              |
| the organization. Report compensation for         | he calendar ye   | ear e                          | ndin                   | ng wi   | ith c        | or wi                           | thin   | the organization's tax y | ear.              |                 |         |               |              |
| (A)   |                  |                                |                        |         |              |                                 |        | (B)                      |                   |                 | (C      | ;)            |              |
| Name and business                                 | address          | NC                             | ONE                    | 2       |              |                                 |        | Description of s         | ervices           | C               | omper   | nsatior       | ר            |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 | -      |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  | -                              |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 |         |               |              |
| 2 Total number of independent contractors         |                  | at live                        | oito -                 | 1 + ~ + | thes         |                                 | +0~    | abova) who received the  | are then          |                 |         |               |              |
| 2 Total number of independent contractors (in     |                  | JUIN                           | mec                    | 1 10 1  | -            |                                 | rea    | above) who received mo   |                   |                 |         |               |              |
| \$100,000 of compensation from the organiz        | ation            |                                |                        |         | C            | ,                               |        |                          |                   |                 |         | 200           |              |
|   |                  |                                |                        |         |              |                                 |        |                          |                   |                 | Form 🤇  | <b>990</b> (2 | 2018)        |

832008 12-31-18

| Forn  | 1 990 (  | 2018) LITHU                               | JANIAN FOUND                       | ATION,               | INC.                        |  | 36-6118  | 312 Page 9   |
|---|----------|---|------------------------------------|----------------------|-----------------------------|--|--|--|
| Pa  | rt VII   | Statement of Rever                        | nue                                |                      |                             |  |  |  |
| _   |          | Check if Schedule O cont                  | ains a response or note            | <u>e to any line</u> | e in this Part VIII         |  | <u></u>  |  |
|   |          |   |                                    |                      | <b>(A)</b><br>Total revenue | <b>(B)</b><br>Related or<br>exempt function<br>revenue | <b>(C)</b><br>Unrelated<br>business<br>revenue | ( <b>D)</b><br>Revenue excluded<br>from tax under<br>sections<br>512 - 514 |
| ts ts   | 1 a      | Federated campaigns                       | 1a                                 |                      |                             |  |  |  |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | b        | Membership dues                           |                                    |                      |                             |  |  |  |
| G<br>U  | с        | Fundraising events                        |                                    | 1,000.               |                             |  |  |  |
| ifts<br>ar A  | d        | Related organizations                     |                                    |                      |                             |  |  |  |
| s, G<br>Mila  | е        | Government grants (contribut              |                                    |                      |                             |  |  |  |
| ŝ   | f        | All other contributions, gifts, gran      |                                    |                      |                             |  |  |  |
| but   |          | similar amounts not included abo          | ve 1f 2                            | 213,818.             |                             |  |  |  |
| d Li  | g        | Noncash contributions included in lines   | 1a-1f: \$                          |                      |                             |  |  |  |
| a C   | h        | Total. Add lines 1a-1f                    |                                    | 214,818.             |                             |  |  |  |
|   |          |   | Busir                              | ness Code            |                             |  |  |  |
| e   | 2 a      |   |                                    |                      |                             |  |  |  |
| e vic   | b        |   |                                    |                      |                             |  |  |  |
| Se  | с        |   |                                    |                      |                             |  |  |  |
| Program Service<br>Revenue                                | d        |   |                                    |                      |                             |  |  |  |
| <u>в</u> о  | е        |   |                                    |                      |                             |  |  |  |
| ą   |          | All other program service reve            |                                    |                      |                             |  |  |  |
|   | g        | Total. Add lines 2a-2f                    |                                    |                      |                             |  |  |  |
|   | 3        | Investment income (including              |                                    |                      |                             |  |  |  |
|   |          | other similar amounts)                    |                                    |                      | 1,147,233.                  |  |  | 1,147,233.   |
|   | 4        | Income from investment of ta              |                                    | r                    |                             |  |  |  |
|   | 5        | Royalties                                 |                                    |                      |                             |  |  |  |
|   | _        |   | (i) Real (ii) F                    | Personal             |                             |  |  |  |
|   |          | Gross rents                               |                                    |                      |                             |  |  |  |
|   |          | Less: rental expenses                     |                                    |                      |                             |  |  |  |
|   |          | Rental income or (loss)                   |                                    |                      |                             |  |  |  |
|   |          |   |                                    |                      |                             |  |  |  |
|   | 7 a      | Gross amount from sales of                | (i) Securities (ii)<br>18,046,902. | ) Other              |                             |  |  |  |
|   | <b>b</b> | assets other than inventory               | 10,040,002.                        |                      |                             |  |  |  |
|   | a        | Less: cost or other basis                 | 14,596,031.                        |                      |                             |  |  |  |
|   |          | and sales expenses<br>Gain or (loss)      |                                    |                      |                             |  |  |  |
|   |          |   | ·                                  |                      | 3,450,871.                  |  |  | 3,450,871.   |
| er  |          | Net gain or (loss)                        | g events (not                      |                      | 5,150,071.                  |  |  |  |
| Other Revenue   |          | including \$ 1                            |                                    |                      |                             |  |  |  |
| Rev   |          | contributions reported on line            | ,                                  | 23,800.              |                             |  |  |  |
| Jer   | h        | Part IV, line 18<br>Less: direct expenses |                                    | 21,456.              |                             |  |  |  |
| g   |          | Net income or (loss) from fund            |                                    |                      | 2,344.                      |  |  | 2,344.   |
|   |          | Gross income from gaming ad               | -                                  |                      | _,                          |  |  | _,   |
|   | Ja       | Part IV, line 19                          |                                    |                      |                             |  |  |  |
|   | h        | Less: direct expenses                     |                                    |                      |                             |  |  |  |
|   |          | Net income or (loss) from gar             |                                    |                      |                             |  |  |  |
|   |          | Gross sales of inventory, less            | -                                  | 🖌                    |                             |  |  |  |
|   | _        | and allowances                            |                                    |                      |                             |  |  |  |
|   | b        | Less: cost of goods sold                  |                                    |                      |                             |  |  |  |
|   |          | Net income or (loss) from sale            |                                    |                      |                             |  |  |  |
|   |          | Miscellaneous Revenu                      |                                    | ness Code            |                             |  |  |  |
|   | 11 a     |   |                                    |                      |                             |  |  |  |
|   | b        |   |                                    |                      |                             |  |  |  |
|   | с        |   |                                    |                      |                             |  |  |  |
|   | d        | All other revenue                         |                                    |                      |                             |  |  |  |
|   | е        | Total. Add lines 11a-11d                  |                                    |                      |                             |  |  |  |
|   | 12       | Total revenue. See instructions           |                                    |                      | 4,815,266.                  | 0.   | 0.   | , , ,  |
| 83200   | 9 12-31  |   |                                    |                      |                             |  |  | Form <b>990</b> (2018)   |

<sup>832009 12-31-18</sup> 

LITHUANIAN FOUNDATION, 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).

INC.

|         | Check if Schedule O contains a response   |                              |   | <u></u>  |                                       |
|---------|---|------------------------------|---|--|---------------------------------------|
|         | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.  | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses |
| 1       | Grants and other assistance to domestic organizations   |                              |   |  |                                       |
|         | and domestic governments. See Part IV, line 21  | 691,987.                     | 691,987.                                  |  |                                       |
| 2       | Grants and other assistance to domestic   |                              |   |  |                                       |
|         | individuals. See Part IV, line 22   | 239,922.                     | 239,922.                                  |  |                                       |
| 3       | Grants and other assistance to foreign  |                              |   |  |                                       |
|         | organizations, foreign governments, and foreign   | 165 500                      | 165 500                                   |  |                                       |
|         | individuals. See Part IV, lines 15 and 16   | 165,538.                     | 165,538.                                  |  |                                       |
| 4       | Benefits paid to or for members   |                              |   |  |                                       |
| 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)  | 122,328.                     | 73,397.                                   | 14,679.  | 34,252.                               |
| 7<br>0  | Other salaries and wages  | 144,340.                     | 13,331.                                   | 14,0/3.  | J <del>1</del> ,4J4.                  |
| 8       | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  |                              |   |  |                                       |
| 9       | Other employee benefits   | 3,558.                       | 2,135.                                    | 427.   | 996.                                  |
| 9<br>10 | Payroll taxes   | 9,427.                       | 5,656.                                    | 1,131.   | 2,640.                                |
| 11      | Fees for services (non-employees):  | 5,427.                       | 5,050.                                    | <u> </u>   | 2,010.                                |
|         | Management  |                              |   |  |                                       |
| b       | Legal   | 18,965.                      |   | 18,965.  |                                       |
| c       | Accounting  | 20,0000                      |   | 20,5000  |                                       |
|         | Lobbying  |                              |   |  |                                       |
| e       | Professional fundraising services. See Part IV, line 17   |                              |   |  |                                       |
| f       | Investment management fees  | 133,917.                     |   | 133,917.   |                                       |
| g       |   |                              |   |  |                                       |
| 9       | column (A) amount, list line 11g expenses on Sch O.)  | 17,752.                      | 211.                                      | 17,442.  | 99.                                   |
| 12      | Advertising and promotion   | 13,913.                      | 8,348.                                    | <u>17,442.</u><br>1,670.                         | 99.<br>3,895.                         |
| 13      | Office expenses   | 5,793.                       | 604.                                      | 4,907.   | 282.                                  |
| 14      | Information technology  | ,                            |   | ,  |                                       |
| 15      | Royalties   |                              |   |  |                                       |
| 16      | Occupancy   | 25,968.                      | 15,581.                                   | 3,116.   | 7,271.                                |
| 17      | Travel  | 3,849.                       |   | 3,849.   |                                       |
| 18      | Payments of travel or entertainment expenses  |                              |   |  |                                       |
|         | for any federal, state, or local public officials   |                              |   |  |                                       |
| 19      | Conferences, conventions, and meetings  | 13,143.                      | 7,886.                                    | 1,577.   | 3,680.                                |
| 20      | Interest  |                              |   |  |                                       |
| 21      | Payments to affiliates  |                              |   |  |                                       |
| 22      | Depreciation, depletion, and amortization   | 15,265.                      | 9,159.                                    | 1,832.   | 4,274.                                |
| 23      | Insurance   | 5,178.                       | 3,107.                                    | 621.   | 1,450.                                |
| 24      | Other expenses. Itemize expenses not covered<br>above. (List miscellaneous expenses in line 24e. If line<br>24e amount exceeds 10% of line 25, column (A)<br>amount, list line 24e expenses on Schedule 0.) |                              |   |  |                                       |
| а       | MISCELLANEOUS   | 51,121.                      | 1,575.                                    | 48,811.  | 735.                                  |
| b       | TELEPHONE AND INTERNET  | 4,489.                       | 2,693.                                    | 539.   | 1,257.                                |
| c       | GRANT MAKING EXPENSES   | 3,948.                       | 3,948.                                    |  | _,,                                   |
| d       | EQUIPMENT RENTAL  | 2,621.                       | 1,572.                                    | 315.   | 734.                                  |
|         | All other expenses  | 1,425.                       |   | 1,425.   |                                       |
| 25      | Total functional expenses. Add lines 1 through 24e  | 1,550,107.                   | 1,233,319.                                | 255,223.   | 61,565.                               |
| 26      | Joint costs. Complete this line only if the organization  |                              | . ,                                       |  | • -                                   |
|         | reported in column (B) joint costs from a combined  |                              |   |  |                                       |
|         |   | 1                            |   |  |                                       |
|         | educational campaign and fundraising solicitation.  |                              |   |  |                                       |

13050429 765826 1000498.0

|     | Check if Schedule O contains a response or note     | e to an | y line in this Part X      |                   |     |             |
|-----|---|---------|----------------------------|-------------------|-----|-------------|
|     |   |         |                            | (A)               |     | (B)         |
|     |   |         |                            | Beginning of year |     | End of year |
| 1   | Cash - non-interest-bearing                         |         |                            | 0.                | 1   | 43,3        |
| 2   | Savings and temporary cash investments              |         |                            | 1,925,172.        | 2   | 7,0         |
| 3   | Pledges and grants receivable, net                  |         |                            |                   | 3   |             |
| 4   | Accounts receivable, net                            |         |                            |                   | 4   |             |
| 5   | Loans and other receivables from current and for    | rmer of | fficers, directors,        |                   |     |             |
|     | trustees, key employees, and highest compensation   | ted em  | ployees. Complete          |                   |     |             |
|     | Part II of Schedule L                               |         |                            |                   | 5   |             |
| 6   | Loans and other receivables from other disqualif    | ied per | sons (as defined under     |                   |     |             |
|     | section 4958(f)(1)), persons described in section   | 4958(c  | c)(3)(B), and contributing |                   |     |             |
|     | employers and sponsoring organizations of secti     | ion 501 | (c)(9) voluntary           |                   |     |             |
|     | employees' beneficiary organizations (see instr).   | Compl   | ete Part II of Sch L       |                   | 6   |             |
| 7   | Notes and loans receivable, net                     |         |                            | 675,822.          | 7   | 912,8       |
| 8   | Inventories for sale or use                         |         |                            |                   | 8   |             |
| 9   |   |         |                            |                   | 9   |             |
| 10a | Land, buildings, and equipment: cost or other       |         |                            |                   |     |             |
|     | basis. Complete Part VI of Schedule D               | 10a     | 154,588.                   |                   |     |             |
| b   | Less: accumulated depreciation                      | 10b     | 31,772.                    | 125,151.          | 10c | 122,8       |
| 11  | Investments - publicly traded securities            |         |                            | 37,947,639.       | 11  | 35,003,3    |
| 12  | Investments - other securities. See Part IV, line 1 |         |                            |                   | 12  |             |
| 13  | Investments - program-related. See Part IV, line 1  | 11      |                            |                   | 13  |             |
| 14  | Intangible assets                                   |         |                            |                   | 14  |             |
| 15  | Other assets. See Part IV, line 11                  |         |                            | 1,000.            | 15  | 1,0         |
| 16  | Total assets. Add lines 1 through 15 (must equa     |         | I                          | 40,674,784.       | 16  | 36,090,3    |
| 17  | Accounts payable and accrued expenses               |         |                            | 1,284,524.        | 17  | 64,4        |
| 18  | Grants payable                                      |         | I                          | 787,539.          | 18  | 964,5       |
| 19  | Deferred revenue                                    |         | I                          |                   | 19  |             |
| 20  | Tax-exempt bond liabilities                         |         |                            |                   | 20  |             |
| 21  | Escrow or custodial account liability. Complete F   |         |                            |                   | 21  |             |
| 22  | Loans and other payables to current and former      | officer | s, directors, trustees,    |                   |     |             |
|     | key employees, highest compensated employees        | s, and  | disqualified persons.      |                   |     |             |

Complete Part II of Schedule L

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

parties, and other liabilities not included on lines 17-24). Complete Part X of

Organizations that follow SFAS 117 (ASC 958), check here 🕨 and

Unrestricted net assets

Temporarily restricted net assets

Permanently restricted net assets

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow SFAS 117 (ASC 958), check here

Other liabilities (including federal income tax, payables to related third

Total liabilities. Add lines 17 through 25

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

complete lines 27 through 29, and lines 33 and 34.

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43,325.

912,872.

122,816. 003,333.

1,000.

090,368.

964,500.

1,028,925.

35,061,443.

35,061,443.

36,090,368.

Form 990 (2018)

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32

33

34

2,072,063.

38,602,721.

38,602,721.

40,674,784.

64,425.

7,022.

Form 990 (2018) Part X | Balance Sheet

Assets

23

24

25

26

27

28

29

30

31 32

33

34

Schedule D

Liabilities

Net Assets or Fund Balances

| Form  | 1990 (2018) LITHUANIAN FOUNDATION, INC.  | 36-  | -6118312  | Pa                       | ge <b>12</b>                   |
|---|--|--|---|--------------------------|--------------------------------|
| Pa  | rt XI Reconciliation of Net Assets   |  |   |                          |                                |
|   | Check if Schedule O contains a response or note to any line in this Part XI  |  |   |                          |                                |
| 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>10 | Total revenue (must equal Part VIII, column (A), line 12)<br>Total expenses (must equal Part IX, column (A), line 25)<br>Revenue less expenses. Subtract line 2 from line 1<br>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))<br>Net unrealized gains (losses) on investments<br>Donated services and use of facilities<br>Investment expenses<br>Prior period adjustments<br>Other changes in net assets or fund balances (explain in Schedule O)<br>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,<br>column (B)) | 1<br>2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>9 | 4,81<br>1,55<br>3,26<br>38,60<br>-6,80<br>35,06 | 0,1<br>5,1<br>2,7<br>6,4 | 07.<br>59.<br>21.<br>37.<br>0. |
| Pa  | rt XII Financial Statements and Reporting  |  |   |                          |                                |
|   | Check if Schedule O contains a response or note to any line in this Part XII   |  |   | <u></u>                  |                                |
| 1   | Accounting method used to prepare the Form 990: Cash X Accrual Other   | 0.   | _   | Yes                      | No                             |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |  | 2a  |                          | X                              |
| b   | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both:<br>Separate basis Consolidated basis Both consolidated and separate basis<br>Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate   |  | <u>2b</u>                                       | X                        |                                |
|   | Consolidated basis, or both:         X       Separate basis         Consolidated basis       Both consolidated and separate basis  |  |   |                          |                                |
| с   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?  |  |   | x                        |                                |
|   | If the organization changed either its oversight process or selection process during the tax year, explain in Sche   |  |   |                          |                                |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir<br>Act and OMB Circular A-133?   | igle Auc                                       | lit 3a  |                          | x                              |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi   | red aud  | it  |                          |                                |
|   | or audits, explain why in Schedule O and describe any steps taken to undergo such audits   |  | 3b  |                          | (0010)                         |

Form **990** (2018)

| SCH | EDU | LE A |
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|-----|-----|------|

Department of the Treasury Internal Revenue Service

| ( | (Form | 990 | or | 990-EZ |
|---|-------|-----|----|--------|
|   |       |     |    |        |

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047            |
|------------------------------|
| 2018                         |
| Open to Public<br>Inspection |

| Name of the o | organization |
|---------------|--------------|
|---------------|--------------|

| Nan  | lame of the organization Employer identification number |  |                         |   |                                     |                                   |                 |                      |                            |  |
|------|---|--|-------------------------|---|-------------------------------------|-----------------------------------|-----------------|----------------------|----------------------------|--|
|      |   | LITH   | UANIAN FOU              | NDATION, INC  | •                                   |                                   |                 | 3                    | 6-6118312                  |  |
| Pa   | rt I  | Reason for Public C  | Charity Status 🕡        | All organizations must co                             | omplete th                          | is part.) Se                      | e instructions  | 3.                   |                            |  |
| The  | organ   | ization is not a private found   | ation because it is: (I | For lines 1 through 12, c                             | heck only                           | one box.)                         |                 |                      |                            |  |
| 1    | Ū   | A church, convention of chu  |                         |   |                                     |                                   | I)(A)(i).       |                      |                            |  |
| 2    | $\square$   | A school described in secti  |                         |   |                                     |                                   | ~ ~ / /         |                      |                            |  |
| 3    |   | A hospital or a cooperative  |                         |   |                                     |                                   | ii)             |                      |                            |  |
| 4    |   |  |                         |   |                                     |                                   |                 | Viii) Enter          | the hospital's name        |  |
| 4    |   | A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, |                         |   |                                     |                                   |                 |                      |                            |  |
| -    |   | city, and state:   |                         |   |                                     |                                   |                 |                      |                            |  |
| 5    |   | •  |                         | lege of university owned                              | i or operat                         | eu by a gu                        | vennentaru      |                      |                            |  |
|      |   | section 170(b)(1)(A)(iv). (C   |                         |   |                                     |                                   |                 |                      |                            |  |
| 6    |   | A federal, state, or local gov   | -                       |   |                                     |                                   |                 |                      |                            |  |
| 7    | X   | An organization that normal  | -                       | ntial part of its support fi                          | rom a gove                          | ernmental                         | unit or from th | ne general p         | public described in        |  |
|      |   | section 170(b)(1)(A)(vi). (Co  | omplete Part II.)       |   |                                     |                                   |                 |                      |                            |  |
| 8    |   | A community trust describe   | ed in section 170(b)    | (1)(A)(vi). (Complete Par                             | t II.)                              |                                   |                 |                      |                            |  |
| 9    |   | An agricultural research org   | anization described     | in section 170(b)(1)(A)(                              | ix) operate                         | ed in conju                       | inction with a  | land-grant           | college                    |  |
|      |   | or university or a non-land-g  | grant college of agric  | ulture (see instructions).                            | Enter the i                         | name, city                        | , and state of  | the college          | or                         |  |
|      |   | university:  |                         |   |                                     |                                   |                 |                      |                            |  |
| 10   |   | An organization that normal  | Ily receives: (1) more  | than 33 1/3% of its sup                               | oort from o                         | contributio                       | ns, membersl    | nip fees, an         | d gross receipts from      |  |
|      |   | activities related to its exem   | npt functions - subject | ct to certain exceptions,                             | and (2) no                          | more thar                         | n 33 1/3% of it | ts support f         | rom gross investment       |  |
|      |   | income and unrelated busir   | ness taxable income     | (less section 511 tax) fro                            | m busines                           | ses acqui                         | red by the ord  | anization a          | fter June 30, 1975.        |  |
|      |   | See section 509(a)(2). (Cor  |                         | · · · · ·   |                                     |                                   |                 |                      |                            |  |
| 11   |   | An organization organized a  | •                       | velv to test for public sa                            | fetv. See                           | section 50                        | )9(a)(4).       |                      |                            |  |
| 12   | $\square$   | An organization organized a  |                         |   |                                     |                                   |                 | rrv out the          | purposes of one or         |  |
|      |   | more publicly supported or   | -                       | -   | -                                   |                                   |                 | •                    |                            |  |
|      |   | lines 12a through 12d that of  | -                       |   |                                     |                                   |                 |                      |                            |  |
| 2    |   | <b>Type I.</b> A supporting orga   |                         |   |                                     | -                                 |                 | -                    | aivina                     |  |
| а    |   |  | -                       | -   | • • • •                             | -                                 |                 |                      |                            |  |
|      |   | the supported organization   |                         |   | majonty c                           |                                   | tors or truste  |                      | ipporting                  |  |
|      |   | organization. You must c   | -                       |   |                                     |                                   |                 | ··· (-) ··· ·· ·· ·· | ·                          |  |
| b    |   | <b>Type II.</b> A supporting orga  | -                       |   |                                     |                                   | -               |                      | -                          |  |
|      |   | control or management or   |                         |   | ame perso                           | ns that co                        | ntrol or manag  | ge the supp          | oorted                     |  |
|      |   | organization(s). You mus   |                         |   |                                     |                                   |                 |                      |                            |  |
| С    |   | <b>Type III functionally inte</b>  | grated. A supporting    | g organization operated                               | in connect                          | tion with, a                      | and functional  | ly integrate         | d with,                    |  |
|      |   | its supported organization   | n(s) (see instructions) | ). You must complete I                                | Part IV, Se                         | ections A,                        | D, and E.       |                      |                            |  |
| d    |   | Type III non-functionally  | integrated. A supp      | porting organization oper                             | ated in co                          | nnection w                        | vith its suppor | ted organiz          | zation(s)                  |  |
|      |   | that is not functionally inte  | egrated. The organiz    | ation generally must sat                              | isfy a distr                        | ibution rec                       | quirement and   | l an attentiv        | veness                     |  |
|      |   | requirement (see instructi   | ions). You must con     | nplete Part IV, Sections                              | A and D,                            | and Part                          | V.              |                      |                            |  |
| е    |   | Check this box if the orga   | anization received a v  | written determination fro                             | m the IRS                           | that it is a                      | Туре I, Туре    | II, Type III         |                            |  |
|      |   | functionally integrated, or  | Type III non-function   | nally integrated supporti                             | ng organiz                          | ation.                            |                 |                      |                            |  |
| f    | Ente  | er the number of supported o   | organizations           |   |                                     |                                   |                 |                      |                            |  |
| g    | Prov  | vide the following information   | about the supporte      | d organization(s).                                    |                                     |                                   |                 |                      |                            |  |
|      | (   | <ol> <li>Name of supported</li> </ol>  | (ii) EIN                | (iii) Type of organization                            | (iv) Is the orga<br>in your governi | anization listed<br>ing document? | (v) Amount or   | f monetary           | (vi) Amount of other       |  |
|      |   | organization   |                         | (described on lines 1-10<br>above (see instructions)) | Yes                                 | No                                | support (see ir | nstructions)         | support (see instructions) |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
|      |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
| Tota |   |  |                         |   |                                     |                                   |                 |                      |                            |  |
| LHA  | For F   | Paperwork Reduction Act N  | lotice, see the Instru  | uctions for Form 990 or                               | <sup>•</sup> 990-EZ.                | 832021 10-                        | 11-18 Sche      | dule A (For          | m 990 or 990-EZ) 2018      |  |

13 13050429 765826 1000498.0

# Schedule A (Form 990 or 990-EZ) 2018 LITHUANIAN FOUNDATION, INC. 36-6118 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

36-6118312 Page 2

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

| Sec  | ction A. Public Support  |                                     |                     |                        |                     |                    |                 |
|------|--|-------------------------------------|---------------------|------------------------|---------------------|--------------------|-----------------|
| Cale | ndar year (or fiscal year beginning in) 🕨                            | (a) 2014                            | <b>(b)</b> 2015     | <b>(c)</b> 2016        | (d) 2017            | <b>(e)</b> 2018    | (f) Total       |
| 1    | Gifts, grants, contributions, and                                    |                                     |                     |                        |                     |                    |                 |
|      | membership fees received. (Do not                                    |                                     |                     |                        |                     |                    |                 |
|      | include any "unusual grants.")                                       | 18515435.                           | 310,668.            | 461,503.               | 118,584.            | 214,818.           | 19621008.       |
| 2    | Tax revenues levied for the organ-                                   |                                     |                     |                        |                     |                    |                 |
|      | ization's benefit and either paid to                                 |                                     |                     |                        |                     |                    |                 |
|      | or expended on its behalf  |                                     |                     |                        |                     |                    |                 |
| 3    | The value of services or facilities                                  |                                     |                     |                        |                     |                    |                 |
|      | furnished by a governmental unit to                                  |                                     |                     |                        |                     |                    |                 |
|      | the organization without charge                                      |                                     |                     |                        |                     |                    |                 |
| 4    | Total. Add lines 1 through 3   | 18515435.                           | 310,668.            | 461,503.               | 118,584.            | 214,818.           | 19621008.       |
| 5    |  |                                     |                     |                        |                     |                    |                 |
|      | 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)   |                                     |                     |                        |                     |                    |                 |
|      | Public support. Subtract line 5 from line 4.                         |                                     |                     |                        |                     |                    | 19621008.       |
|      | ction B. Total Support   | 1                                   |                     | 1                      | 1                   | 1                  |                 |
| Cale | ndar year (or fiscal year beginning in) 🕨                            | (a) 2014                            | (b) 2015            | (c) 2016               | (d) 2017            | (e) 2018           | (f) Total       |
| 7    | Amounts from line 4  | 18515435.                           | 310,668.            | 461,503.               | 118,584.            | 214,818.           | 19621008.       |
| 8    | Gross income from interest,  |                                     |                     |                        |                     |                    |                 |
|      | dividends, payments received on                                      |                                     |                     |                        |                     |                    |                 |
|      | securities loans, rents, royalties,                                  |                                     |                     |                        |                     |                    |                 |
|      | and income from similar sources $\dots$                              | 641,885.                            | 791,351.            | 1094105.               | 1296222.            | 1147233.           | 4970796.        |
| 9    | Net income from unrelated business                                   |                                     |                     |                        |                     |                    |                 |
|      | activities, whether or not the                                       |                                     |                     |                        |                     |                    |                 |
|      | business is regularly carried on                                     |                                     |                     |                        |                     |                    |                 |
| 10   | Other income. Do not include gain                                    |                                     |                     |                        |                     |                    |                 |
|      | or loss from the sale of capital                                     |                                     |                     |                        |                     |                    |                 |
|      | assets (Explain in Part VI.)   |                                     |                     | 19,675.                | 45,980.             | 2,344.             |                 |
| 11   | Total support. Add lines 7 through 10                                |                                     |                     |                        |                     |                    | 24659803.       |
|      | Gross receipts from related activities,                              |                                     | ,                   |                        |                     | 12                 |                 |
| 13   | First five years. If the Form 990 is fo                              | r the organization's                | first, second, thir | d, fourth, or fifth ta | x year as a sectior | n 501(c)(3)        |                 |
| Sec  | organization, check this box and sto<br>ction C. Computation of Publ | <sup>p here</sup><br>ic Support Per | centage             |                        |                     |                    |                 |
|      | Public support percentage for 2018 (                                 |                                     |                     | olumn (f))             |                     | 14                 | 79.57 %         |
|      | Public support percentage from 2017                                  |                                     |                     |                        |                     | 15                 | 82.54 %         |
|      | 33 1/3% support test - 2018. If the                                  |                                     |                     |                        |                     | ore, check this bo | x and           |
|      | stop here. The organization qualifies                                |                                     |                     |                        |                     |                    |                 |
| b    | 33 1/3% support test - 2017. If the                                  | organization did no                 | t check a box on I  |                        |                     |                    |                 |
|      | and stop here. The organization qua                                  |                                     |                     |                        |                     |                    |                 |
| 17a  | 10% -facts-and-circumstances test                                    |                                     |                     |                        |                     |                    |                 |
|      | and if the organization meets the "fac                               |                                     |                     |                        |                     |                    |                 |
|      | meets the "facts-and-circumstances"                                  |                                     |                     | -                      |                     |                    |                 |
| b    | 10% -facts-and-circumstances test                                    | -                                   |                     | • • • •                |                     |                    |                 |
|      | more, and if the organization meets th                               | -                                   |                     |                        |                     |                    |                 |
|      | organization meets the "facts-and-circ                               |                                     |                     |                        |                     |                    |                 |
| 18   | Private foundation. If the organization                              |                                     | •                   | -                      |                     |                    | s <b>&gt;</b>   |
|      |  |                                     | ,,                  | , , .,                 |                     |                    | or 990-EZ) 2018 |

# Schedule A (Form 990 or 990-EZ) 2018 LITHUANIAN FOUNDATION, INC.

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec   | ction A. Public Support  |                      |                       |                           |                     |                      |                   |
|-------|--|----------------------|-----------------------|---------------------------|---------------------|----------------------|-------------------|
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2014             | <b>(b)</b> 2015       | (c) 2016                  | (d) 2017            | (e) 2018             | (f) Total         |
| 1     | Gifts, grants, contributions, and  |                      |                       |                           |                     |                      |                   |
|       | membership fees received. (Do not  |                      |                       |                           |                     |                      |                   |
|       | include any "unusual grants.")   |                      |                       |                           |                     |                      |                   |
| 2     | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                      |                       |                           |                     |                      |                   |
| 3     | Gross receipts from activities that  |                      |                       |                           |                     |                      |                   |
|       | are not an unrelated trade or bus-   |                      |                       |                           |                     |                      |                   |
|       | iness under section 513  |                      |                       |                           |                     |                      |                   |
| 4     | Tax revenues levied for the organ-   |                      |                       |                           |                     |                      |                   |
|       | ization's benefit and either paid to or expended on its behalf   |                      |                       |                           |                     |                      |                   |
| 5     | The value of services or facilities  |                      |                       |                           |                     |                      |                   |
|       | furnished by a governmental unit to  |                      |                       |                           |                     |                      |                   |
|       | the organization without charge  |                      |                       |                           |                     |                      |                   |
| 6     | Total. Add lines 1 through 5   |                      |                       |                           |                     |                      |                   |
| 7a    | Amounts included on lines 1, 2, and  |                      |                       |                           |                     |                      |                   |
|       | 3 received from disqualified persons   |                      |                       |                           |                     |                      |                   |
| b     | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the<br>amount on line 13 for the year                |                      |                       |                           |                     |                      |                   |
| с     | Add lines 7a and 7b  |                      |                       |                           |                     |                      |                   |
|       | Public support. (Subtract line 7c from line 6.)  |                      |                       |                           |                     |                      |                   |
|       | tion B. Total Support  |                      | •                     |                           |                     | •                    |                   |
| Cale  | ndar year (or fiscal year beginning in) 🕨  | (a) 2014             | <b>(b)</b> 2015       | (c) 2016                  | (d) 2017            | (e) 2018             | (f) Total         |
| 9     | Amounts from line 6  |                      |                       |                           |                     |                      |                   |
|       | Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources   |                      |                       |                           |                     |                      |                   |
| b     | Unrelated business taxable income  |                      |                       |                           |                     |                      |                   |
|       | (less section 511 taxes) from businesses   |                      |                       |                           |                     |                      |                   |
|       | acquired after June 30, 1975   |                      |                       |                           |                     |                      |                   |
| с     | Add lines 10a and 10b  |                      |                       |                           |                     |                      |                   |
|       | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                      |                       |                           |                     |                      |                   |
| 12    | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                      |                       |                           |                     |                      |                   |
| 13    | <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)  |                      |                       |                           |                     |                      |                   |
|       | First five years. If the Form 990 is for   | r the organization's | s first, second, thir | d, fourth, or fifth t     | ax year as a sectio | n 501(c)(3) organiza | ation,            |
| _     | check this box and stop here   | •                    |                       |                           |                     | .,.,                 | ·                 |
| Sec   | tion C. Computation of Publi   | c Support Per        | centage               |                           |                     |                      |                   |
| 15    | Public support percentage for 2018 (I  | ine 8, column (f), c | livided by line 13,   | column (f))               |                     | 15                   | %                 |
|       | Public support percentage from 2017  |                      |                       |                           | ······              | 16                   | %                 |
| Sec   | ction D. Computation of Investion  | stment Income        | e Percentage          |                           |                     |                      |                   |
| 17    | Investment income percentage for 20  | )18 (line 10c, colur | mn (f), divided by l  | ine 13, column (f))       |                     | 17                   | %                 |
| 18    | Investment income percentage from  |                      |                       |                           |                     | 18                   | %                 |
|       | 33 1/3% support tests - 2018. If the   |                      |                       |                           |                     | · · · ·              |                   |
|       | more than 33 1/3%, check this box ar   |                      |                       |                           |                     |                      |                   |
| b     | 33 1/3% support tests - 2017. If the   | -                    |                       |                           |                     |                      | and               |
|       | line 18 is not more than 33 1/3%, che  |                      |                       |                           |                     |                      |                   |
| 20    | Private foundation. If the organization  | n did not check a    | box on line 14, 19    | <u>a, or 19b, check t</u> | his box and see in  | structions           |                   |
| 83202 | 3 10-11-18   |                      |                       |                           |                     |                      | 0 or 990-EZ) 2018 |
|       |  |                      | 15                    |                           |                     |                      |                   |

# Schedule A (Form 990 or 990-EZ) 2018 LITHUANIAN FOUNDATION, INC.

### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

832024 10-11-18

9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2018

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

Yes No

13050429 765826 1000498.0

16

# Schedule A (Form 990 or 990-EZ) 2018 LITHUANIAN FOUNDATION, INC. 36-6118312 Page 5 Part IV Supporting Organizations (continued) Supporting Organizations (continued) Support (continued)

| 11       Has the argumentation accepted a gift or combibution from any of the following persons?       Image: Comparison of the combined in the same or together with persons described in (b) and (c) below, the governing body of a supported organization?       Image: Comparison of the combined in (b) and (c) below? If Year to a. b. arc. provide detail in Part VI.       Image: Comparison of the combined in (b) and (c) below? If Year to a. b. arc. provide detail in Part VI.       Image: Comparison of the combined in (b) and (c) below? If Year to a. b. arc. provide detail in Part VI.       Image: Comparison of the combined in (b) and (c) below? If Year to a. b. arc. provide detail in Part VI.       Image: Comparison of the combined in (b) and (c) below? If Year to a. b. arc. provide detail in Part VI.       Image: Comparison of the combined in (b) and (c) below? If Year to a. b. arc. provide detail in Part VI.       Year in the comparison of the combined in (b) and (c) below? If Year to a. b. arc. provide detail in Part VI.       Year in the comparison of the the provide in the source of the supported organization of the targe particulation. The combined in the provide in the source of the supported organization of the supported organization of the supported organization. Arc year is another to the provide in the source of the supported organization of the supported organization in Part VI how the supported organization of the supported organization in Part VI how the supported organization of the supported organization in the source or trustees during the tax year.       Image: Part VI how to support in Organization.       Yes. No. <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>  |     |   |          | Yes | No  |
|--|-----|---|----------|-----|-----|
| <ul> <li>a A person who directly or indirectly controls, either action or together with persons described in (b) and (c)</li> <li>b A anily member of a person described in (b) above?</li> <li>c. A static controls entitly of a person described in (b) above?</li> <li>c. A static controls entitly of a person described in (b) above?</li> <li>c. A static control entitly of a person described in (b) above?</li> <li>d. Static controls entitly of a person described in (b) above?</li> <li>d. Static controls entitly of a person described in (b) above?</li> <li>d. Static controls entitly of a person described in (b) above?</li> <li>d. Static controls entitly of a person described in (b) above?</li> <li>d. Static controls entitly of a person described in (b) above?</li> <li>d. Static controls entitly of a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly a person described in (b) above?</li> <li>d. Static controls entitly above and above and above a</li></ul>                | 11  | Has the organization accepted a gift or contribution from any of the following persons?   |          |     |     |
| below, the governing body of a supported organization?     b A family member of a person described in (a) or (b) above? If "Mex" to a, b, or o, provide detail in Part VI.     Section B. Type I Supporting Organizations     version of the organization activities of the organization affects or trustees at all times during the     tax, year? If "Mox," describe in Part VI how the supported organization is directive or trustees at all times during the     tax, year? If "Mox," describe in Part VI how the supported organization denome that we year.     2 Did the organization activities. If the organization is directive or trustees at all times during the     tax, year? If "Mox," describe in Part VI how the supported organization of the reserves or trustees were allocated among the supported     organization and what conditioned the supported     organization operate for the benefit carried out the purposes of the supported     organization operate for the organization of gradinizations     verse in a part VI how providing such benefit carried out the purposes of the support organization of the support organization of the support organizations     verse in the organization's supported organizations     verse in the organization's supported organizations     verse in the organization's supported organizations     verse in a mager of the support organization and the support organization or trustees     organization to the organization's supported organizations     verse in the organization's supported organization's     verse in the organization's supported organization's     verse in the organization's supported organization's     verse in the organization's support organization's     verse in the organization                              |     |   |          |     |     |
| b A family member of a period described in fig above? c A difficient of the period described in fig of bibboxe? If 'Yes' to a. b. or c. provide detail in Part V. Section B. Type I Supporting Organizations c and the directors, frustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,'' cencers in Part VI how the powers to particulation's directors or trustees at all times during the tax year? If 'No,'' cencers in Part VI how the powers to particulation's directors or trustees at all times during the tax year? If 'No,'' cencers in Part VI how the powers to particulation and what conditions or restrictions, if any, applied to such powers during the tax year? If 'No,'' cencers in Part VI how the powers to particulation or the thor the supported organization, describe how the powers to particulation or the supported organization? If 'Yes,' equips in Part VI how providing such beneficit care younges of the supported organization? If 'Yes,' equips in Part VI how providing such benefic care younges of the supported organization? If 'Yes,' equips in Part VI how providing such benefic care younges of the supported organization? If 'Yes,' equips in Part VI how control or management of the supporting Organization. Such as the support of organization or trustees of each of the organization is supported organization. The Yes in Yus, '' equips in Part VI how control or management of the supporting Organization, provided at the tax year. 'I '' Yos,'' equips in Part VI how control or paragement of the supporting Organization, the same period the management of the support of organization, and (i) copies of the organization is directors or trustees during the prior tax year, if a written notice describing the type and amount of support organization? If 'Yos,'' explain in Part VI how the organization is directors or trustees during the use of the organization and ender or diff                          |     |   | 11a      |     |     |
| C A 35% controlled entity of a person described in [a) or (b) above? If "Yest" to a, b, arc, provide detail in Part VI.     Section B. Type I Supporting Organizations     Ves No     regularly appoint or elect at least a majority of the organization siderclors or trustees at all times during the     tax year? If "We," describe in Part VI how the supported organization failed more supported organization,     describe how the powers to appoint and/or remove directors or trustees were allocated among the supported     organization appoint and/or remove directors or trustees were allocated among the supported     organization of parts II how the supported organization failed the supported     organization or parts II and the purposes     organization appoint and/or remove directors or trustees were allocated among the supported     organization operate for the benefit or any supported organization failed the supported     organization operate for the purposes     organization guark barnefit campaing and the purposes     or trustees of each of the organization is directors or trustees during the tax year also a majority of the directors     or trustees of each of the organization is supported organization (if) If "No," describe in Part VI how control     or manageed of the organization's directors or trustees during the tax year also a majority of the directors     or trustees of each of the organization's directors or trustees of the component of use supported organization (if) If "No," describe IP NIP Now control     or manageed to the organization's directors, or trustees either (i) appointed organization, and (ii) could be organization's tax year, (ii) a written notice describing the type and amount of support provided during the prior tax,     year, (ii) a cole the directors, or trustees either (i) appointed organization's     trustees of each of the regunatation's offices, or trustees either (ii) appointed organization's     appointation mainititied a close and continuous working relationshy with thesuppor                              | b   |   |          |     |     |
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| <ol> <li>Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "We," describe in Part VI how the supported organization or directors or trustees were allocated among the supported organization, describe how the powers to appoint adrive move directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to support the directors, and what conditions or restrictions, if any, applied to support dorganization for the two mesupported organization and what conditions or restrictions, if any, applied to support dorganization for the support of organization for the two mesupported organization for the two mesupports organization for the support of organization for the two mesupports organization for the two mesupports organization for the support of organization for the use analysity of the organization directors or trustees or the support organization for management of the supporting organization and wate conditions.</li> <li>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization, by the tast day of the fifth month of the organization's appearing organization, by the tast day of the fifth month of the organization's officers, directors, or trustees ofter organization's line to the date of notification, to the estart not previded youring organization werking relations. The the date of notification, and (ii) copies of the organization's officers, directors, or trustees ofter (apported organization's line tax year?</li> <li>Did the organization's officers, directors, or trustees ofter (apported organization's line tax year?</li> <li>Were any of the organization's officers, directors, or trustees ofter (apported organization's line).</li> <li>Yee intervention is upp</li></ol>                                    |     |   |          |     |     |
| <ol> <li>Did the directors, functions, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year' if "No," describe in Part VI now the supported organization's directors or trustees are allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization or entrol to the benefit of any supported organization (if the supporting organization) is any supported organization (if the supporting organization) is directors or trustees are allocated among the supported organization(s) that powers (are or ortholled the supporting organization) for the support of any supported organization (if the the supporting organization) is directors or trustees or allocate any support of organization (if the supporting organization) is directors or trustees or allocate or controlled the supporting organization is directors or trustees or allocate organization (if the supporting organization) is directors or trustees and in the support of organization is directors or trustees or allocate organization is directors or trustees and organizations. The support of organization is supported organizations are used or anagged.</li> <li>Were any of the form Supporting organizations. By the last day of the fifth month or the organization provide to each of the supporting organizations, by the last day of the fifth month or the organization mattering at occean dor onthous working relations in the organization is supported organizations is supported organizations is supported organizations is supported organizations and (i) copies of the organization is supported organizations is supported organizat</li></ol>                        |     |   |          | Yes | No  |
| regularly appoint or elect at least amaginity of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization, effectively operated, supervised, or controlled the organizations at white organizations of any supported organization, effectively operated, supported organization, estimates at the supported organization at the purposes of the supported organization of the directors or trustees during the tax year also a mangerty of the directors or trustees of each of the organization's supported organization, and the cortrolled or management of the supporting organizations.   | 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                               |          |     |     |
| tay war? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the owners to paper it and/or remove directors or trustees were allocated among the supported organization, describe how the owners to the test port of any supported organization that the supported organization is part of how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   2 Image:   |     |   |          |     |     |
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| arganizations and what conditions or restrictions, if any, applied to such powere during the tax year.     2 Did the organization operate for the benefit of any supported organization other than the supported organization of the transfer any supported organization of the transfer and the supporting organization?     Bref VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting Organization?     Section C. Type II Supporting Organizations     Section C. Type II Supporting Organizations is upported organization(s) if "No," describe in Part VI how control or management of the supporting organizations by the last day of the fifth month of the organization is a ware vested in the same persons that controlled or management of the supporting Organizations     Section D. All Type III Supporting Organizations by the last day of the fifth month of the organization is a within on the describing the type and amount of support provided during the prior tax year, (i) a copy of the Form 900 that was most recently lied as of the date of notification, and (ii) copies of the organization's officers, directors, or trustees either (i) appointed organization's apported organization's apported organization's apported organization's apported organization's apported organization's income or a sets at all times during the tax year? If "Yes," describe in Part VI how control or ganization's officers, directors, or trustees either (i) appointed or elected by the supported organization's income or assets at all times during the tax year? If "Yes," describe in Part VI how control or ganization's income or assets at all times during the tax year? If "Yes," describe in Part VI how control or assignificant voice in the organization's supported organization's the integral Part Test during the year (see instructions).     Section E. Type III Eurochamistry apported organizations. Complete line 3 below.     Cohek the box next to the method that the organiza                              |     |   |          |     |     |
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| <ol> <li>Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(?) // "No," describe in Part VI how control or managed the supporting organization was vested in the same persons that controlled or managed the support organization(s).</li> <li>Section D. All Type III Supporting Organizations</li> <li>Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's axy year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a written notice describing the type and amount of support provided during the prior tax year. (i) a copy of the form 990 that was most recently filed as of the date of notification, and (ii) copies of the organization's officers, directors, or trustees either () appointed organization's involvement?</li> <li>Were any of the organization situes during the tax year? If "Yes," describe in Part VI the role the organization's is supported organization's supported organization's support of organization's apported organization's component on the activities Test. Complete line 2 below.</li> <li>Check the box next to the method that the organization. Complete line 3 below.</li> <li>Check the organization supported organization's activities during the tax year directly further the exempt purposes of the organization is supported organization's activities during the tax year activities directly further the exempt purposes of the supported organization's acti</li></ol>  |     |   |          | Ves | No  |
| or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).   Section D. All Type III Supporting Organization was vested in the same persons that controlled or managed the supported organization(s).   Section D. All Type III Supporting Organizations.     1   Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?   2 Were any of the organization's officers, directors, or trustees either (i) appointed or ganization(s) or (ii) serving on the governing body of a supported organization's involvement policies and in directing the use of the organization's investment policies and in directing the use of the organization's investment policies and in directing the use of the organization's aupported organization's auported organization's aupported organization's  | 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors                  |          | 100 | 110 |
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| <ul> <li>year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?</li> <li>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>It "No," explain in Part VI how the organization</i> maintained a close and continuous working relationship with the supported organization(s).</li> <li>By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization is investment policies and in directing the use of the organization's supported organizations played in this regard.</li> <li>Section E. Type III Functionally Integrated Supporting Organizations</li> <li>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</li> <li>The organization substified the Activities Test. Complete line 2 below.</li> <li>D in the organization substorted organization and (b) below.</li> <li>D is ubstantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization's activities that, but for the organization's involvement, one or more of the organization's movement.</li> <li>D id the activities described in (a) constitute activities that, but for the organization's involvement.</li> <li>Parent of Supported Organization's involvement.</li> <li>Parent of Supported Organization's involvement.</li> <li>D id the organization have the power to regulary appoint or elect a majority of the officers, directors, or trustees of each of the supported organization's <i>Provide details in Part VI</i>.</li> <li>D id the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>                         |     |   |          |     |     |
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| <ul> <li>2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i> the organization maintained a close and continuous working relationship with the supported organization(s).</li> <li>3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's supported organizations played in this regard.</li> <li>3 Section E. Type III Functionally Integrated Supporting Organizations</li> <li>a he organization satisfied the Activities Test. <i>Complete line 2 below</i>.</li> <li>b he organization supported organization supported organizations. <i>Complete line 3 below</i>.</li> <li>c The organization supported organization's activities during the tax year directly further the exempt purposes of the supported organization's activities directly furthered their exempt purposes, how the organization (s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organization (s) to which the organization was nesponsive? If "Yes," then in Part VI the reasons for the organization's involvement.</li> <li>b Did the activities described in (a) constitute activities directly furthered their exempt purposes, how the organization's involvement.</li> <li>a Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's involvement.</li> <li>b Did the activities described in (a) constitute activities directly furthered their exempt purposes, how the organization's involvement.</li> <li>a Parent of Supported Organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons</li></ul> |     |   | 1        |     |     |
| organization(s) or (ii) serving on the governing body of a supported organization? If *No,* explain in Part VI how       2         3       By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If *Yes,* describe in Part VI the role the organization's supported organizations played in this regard.       3         Section E. Type III Functionally Integrated Supporting Organizations       3       3         1       Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).       3         a       In the organization satisfied the Activities Test. Complete line 2 below.       5         b       In the organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).         a       Did substantially all of the organization's activities during the tax year? If *Yes,* then in Part VI identify those supported organization's involvement, one or more of the organization's upported organization's involvement.       Yes         b       Did the activities described in (a) constitute activities stat, but for the organization's involvement, one or more of the organization's involvement.       Za         c       Did the organization's position that its supported organization(s) would have engaged in these activities during the tax engaged in these activities during's involvement.       Za         b  | 2   |   | -        |     |     |
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| the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify         those supported organizations and explain how these activities directly furthered their exempt purposes,         how the organization was responsive to those supported organizations, and how the organization determined         that these activities constituted substantially all of its activities.         b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more         of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the         reasons for the organization's position that its supported organization(s) would have engaged in these         activities but for the organization's involvement.         3 Parent of Supported Organizations. Answer (a) and (b) below.         a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or         trustees of each of the supported organizations? Provide details in Part VI.         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | 2   |   | ,        |     | No  |
| those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.       2a         b       Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.       2b         3       Parent of Supported Organizations. Answer (a) and (b) below.       2b         a       Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.       3a         b       Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       4   | а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                |          |     |     |
| how the organization was responsive to those supported organizations, and how the organization determined       2a         b Did the activities constituted substantially all of its activities.       2a         b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more       2a         of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the       2b         reasons for the organization's position that its supported organization(s) would have engaged in these       2b         activities but for the organization's involvement.       2b         3 Parent of Supported Organizations. Answer (a) and (b) below.       2b         a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or<br>trustees of each of the supported organizations? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       4  |     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                        |          |     |     |
| how the organization was responsive to those supported organizations, and how the organization determined       2a         b Did the activities constituted substantially all of its activities.       2a         b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more       2a         of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the       2b         reasons for the organization's position that its supported organization(s) would have engaged in these       2b         activities but for the organization's involvement.       2b         3 Parent of Supported Organizations. Answer (a) and (b) below.       2b         a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or<br>trustees of each of the supported organizations? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       4  |     | those supported organizations and explain how these activities directly furthered their exempt purposes,                          |          |     |     |
| <ul> <li>that these activities constituted substantially all of its activities.</li> <li>b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's involvement.</li> <li>2a</li> <li>2b</li> &lt;</ul>                 |     |   |          |     |     |
| of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization's position that its supported organization(s) would have engaged in these       Image: Comparization these  |     | that these activities constituted substantially all of its activities.  | 2a       |     |     |
| reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.       2b         3       Parent of Supported Organizations. Answer (a) and (b) below.       2b         a       Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.       3a         b       Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       4   | b   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more               |          |     |     |
| activities but for the organization's involvement.       2b         3       Parent of Supported Organizations. Answer (a) and (b) below.         a       Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.         b       Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                      |          |     |     |
| activities but for the organization's involvement.       2b         3       Parent of Supported Organizations. Answer (a) and (b) below.         a       Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.         b       Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  |     | reasons for the organization's position that its supported organization(s) would have engaged in these                            |          |     |     |
| a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or       3a         trustees of each of the supported organizations? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       4   |     |   | 2b       |     |     |
| trustees of each of the supported organizations? Provide details in Part VI.       3a         b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each       Image: Comparison of the support of the sup  | 3   | Parent of Supported Organizations. Answer (a) and (b) below.  |          |     |     |
| b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each  | а   | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or                       |          |     |     |
|  |     | trustees of each of the supported organizations? Provide details in Part VI.  | 3a       |     |     |
| of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b   | b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each               |          |     |     |
|  |     | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.          | 3b       |     |     |

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832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

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| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) | See instructions. All |
|---|--|-----------------------|
|   | other Type III non-functionally integrated supporting organizations must complete Sections A through E.                      |                       |

| Sect | ion A - Adjusted Net Income  |           | (A) Prior Year | (B) Current Year<br>(optional) |
|------|--|-----------|----------------|--------------------------------|
| 1    | Net short-term capital gain  | 1         |                |                                |
| 2    | Recoveries of prior-year distributions   | 2         |                |                                |
| 3    | Other gross income (see instructions)  | 3         |                |                                |
| 4    | Add lines 1 through 3  | 4         |                |                                |
| 5    | Depreciation and depletion   | 5         |                |                                |
| 6    | Portion of operating expenses paid or incurred for production or               |           |                |                                |
|      | collection of gross income or for management, conservation, or                 |           |                |                                |
|      | maintenance of property held for production of income (see instructions)       | 6         |                |                                |
| 7    | Other expenses (see instructions)  | 7         |                |                                |
| 8    | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)                   | 8         |                |                                |
| Sect | ion B - Minimum Asset Amount   |           | (A) Prior Year | (B) Current Year<br>(optional) |
| 1    | Aggregate fair market value of all non-exempt-use assets (see                  |           |                |                                |
|      | instructions for short tax year or assets held for part of year):              |           |                |                                |
| а    | Average monthly value of securities  | 1a        |                |                                |
| b    | Average monthly cash balances  | 1b        |                |                                |
| с    | Fair market value of other non-exempt-use assets                               | 1c        |                |                                |
| d    | Total (add lines 1a, 1b, and 1c)   | 1d        |                |                                |
| е    | Discount claimed for blockage or other   |           |                |                                |
|      | factors (explain in detail in <b>Part VI</b> ):                                |           |                |                                |
| 2    | Acquisition indebtedness applicable to non-exempt-use assets                   | 2         |                |                                |
| 3    | Subtract line 2 from line 1d   | 3         |                |                                |
| 4    | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,   |           |                |                                |
|      | see instructions)  | 4         |                |                                |
| 5    | Net value of non-exempt-use assets (subtract line 4 from line 3)               | 5         |                |                                |
| 6    | Multiply line 5 by .035  | 6         |                |                                |
| 7    | Recoveries of prior-year distributions   | 7         |                |                                |
| 8    | Minimum Asset Amount (add line 7 to line 6)                                    | 8         |                |                                |
| Sect | ion C - Distributable Amount   |           |                | Current Year                   |
| 1    | Adjusted net income for prior year (from Section A, line 8, Column A)          | 1         |                |                                |
| 2    | Enter 85% of line 1  | 2         |                |                                |
| 3    | Minimum asset amount for prior year (from Section B, line 8, Column A)         | 3         |                |                                |
| 4    | Enter greater of line 2 or line 3  | 4         |                |                                |
| 5    | Income tax imposed in prior year   | 5         |                |                                |
| 6    | Distributable Amount. Subtract line 5 from line 4, unless subject to           |           |                |                                |
|      | emergency temporary reduction (see instructions)                               | 6         |                |                                |
| 7    | Check here if the surrent year is the argenization's first as a pen functional | vintograf |                |                                |

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

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

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Schedule A (Form 990 or 990-EZ) 2018 LITHUANIAN FOUNDATION, INC.
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

01

## Schedule A (Form 990 or 990-EZ) 2018 LITHUANIAN FOUNDATION, INC.

|      | t V Type III Non-Functionally Integrated 509(                   | allo oubbouring orga          | (continuea)                    |                                  |
|------|---|-------------------------------|--------------------------------|----------------------------------|
| Sect | ion D - Distributions   |                               |                                | Current Year                     |
| 1    | Amounts paid to supported organizations to accomplish exer      | mpt purposes                  |                                |                                  |
| 2    | Amounts paid to perform activity that directly furthers exemp   | t purposes of supported       |                                |                                  |
|      | organizations, in excess of income from activity                |                               |                                |                                  |
| 3    | Administrative expenses paid to accomplish exempt purpose       | es of supported organizations | 3                              |                                  |
| 4    | Amounts paid to acquire exempt-use assets                       |                               |                                |                                  |
| 5    | Qualified set-aside amounts (prior IRS approval required)       |                               |                                |                                  |
| 6    | Other distributions (describe in Part VI). See instructions.    |                               |                                |                                  |
| 7    | Total annual distributions. Add lines 1 through 6.              |                               |                                |                                  |
| 8    | Distributions to attentive supported organizations to which the | ne organization is responsive |                                |                                  |
|      | (provide details in <b>Part VI</b> ). See instructions.         |                               |                                |                                  |
| 9    | Distributable amount for 2018 from Section C, line 6            |                               |                                |                                  |
| 10   | Line 8 amount divided by line 9 amount                          |                               |                                |                                  |
|      |   | (i)                           | (ii)                           | (iii)                            |
| ect  | ion E - Distribution Allocations (see instructions)             | Excess Distributions          | Underdistributions<br>Pre-2018 | Distributable<br>Amount for 2018 |
| 1    | Distributable amount for 2018 from Section C, line 6            |                               |                                |                                  |
| 2    | Underdistributions, if any, for years prior to 2018 (reason-    |                               |                                |                                  |
|      | able cause required- explain in Part VI). See instructions.     |                               |                                |                                  |
| 3    | Excess distributions carryover, if any, to 2018                 |                               |                                |                                  |
| а    | From 2013   |                               |                                |                                  |
| b    | From 2014   |                               |                                |                                  |
| с    | From 2015   |                               |                                |                                  |
| d    | From 2016   |                               |                                |                                  |
| е    | From 2017   |                               |                                |                                  |
| f    | Total of lines 3a through e                                     |                               |                                |                                  |
| g    | Applied to underdistributions of prior years                    |                               |                                |                                  |
| h    | Applied to 2018 distributable amount                            |                               |                                |                                  |
| i    | Carryover from 2013 not applied (see instructions)              |                               |                                |                                  |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.               |                               |                                |                                  |
| 4    | Distributions for 2018 from Section D,                          |                               |                                |                                  |
|      | line 7: \$  |                               |                                |                                  |
| а    | Applied to underdistributions of prior years                    |                               |                                |                                  |
| b    | Applied to 2018 distributable amount                            |                               |                                |                                  |
| с    | Remainder. Subtract lines 4a and 4b from 4.                     |                               |                                |                                  |
| 5    | Remaining underdistributions for years prior to 2018, if        |                               |                                |                                  |
|      | any. Subtract lines 3g and 4a from line 2. For result greater   |                               |                                |                                  |
|      | than zero, explain in <b>Part VI.</b> See instructions.         |                               |                                |                                  |
| 6    | Remaining underdistributions for 2018. Subtract lines 3h        |                               |                                |                                  |
|      | and 4b from line 1. For result greater than zero, explain in    |                               |                                |                                  |
|      | Part VI. See instructions.                                      |                               |                                |                                  |
| 7    | Excess distributions carryover to 2019. Add lines 3j            |                               |                                |                                  |
| -    | and 4c.   |                               |                                |                                  |
| 8    | Breakdown of line 7:  |                               |                                |                                  |
|      | Excess from 2014  |                               |                                |                                  |
|      | Excess from 2015  |                               |                                |                                  |
|      | Excess from 2016  |                               |                                |                                  |
|      | Excess from 2017  |                               |                                |                                  |
| u    |   |                               |                                |                                  |

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

| FOUNDATION, | INC. | 36-61183 |
|-------------|------|----------|
|             |      |          |

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**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

GROSS RECEIPTS FROM RELATED ACTIVITIES

Schedule A (Form 990 or 990-EZ) 2018 LITHUANIAN

2016 AMOUNT: \$ 19,675.

2017 AMOUNT: \$ 45,980.

2018 AMOUNT: \$ 2,344.

Schedule A (Form 990 or 990-EZ) 2018

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# Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue <u>Service</u>

Name of the organization

#### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

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

OMB No. 1545-0047

2018

Employer identification number

|                         | LITHUANIAN FOUNDATION, INC.  | 36-6118312 |
|-------------------------|--|------------|
| Organization type (cheo | ck one):   |            |
| Filers of:              | Section:   |            |
| Form 990 or 990-EZ      | $\fbox{3}$ 501(c)( 3 ) (enter number) organization                               |            |
|                         | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation |            |
|                         | 527 political organization   |            |
| Form 990-PF             | 501(c)(3) exempt private foundation  |            |
|                         | 4947(a)(1) nonexempt charitable trust treated as a private foundation            |            |
|                         | 501(c)(3) taxable private foundation   |            |
|                         |  |            |

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \ \ \mbox{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

Name of organization

Employer identification number

36-6118312

LITHUANIAN FOUNDATION, INC.

| Part I                   | Contributors (see instructions). Use duplicate copies of Part I if additiona | al space is needed.        |  |
|--------------------------|--|----------------------------|--|
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1                        |  | \$8,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2                        |  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3                        |  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4                        |  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5                        |  | \$5,000.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)                                   |
| (a)<br>No.               | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution  |
| <u>6</u><br>823452 11-08 |  | \$ <u>69,236.</u>          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)<br>990, 990-EZ, or 990-PF) (2018) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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Name of organization

| 36-6118312 |  |
|------------|--|

LITHUANIAN FOUNDATION, INC.

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed.           |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 7          |   | \$20,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 8          |   | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 9          |   | \$10,000.                  | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 10         | , , , ,   | \$ <u> </u>                | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$8,700.                   | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)   |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

Name of organization

Page 3

Employer identification number

36-6118312

LITHUANIAN FOUNDATION, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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Page **4** 

| ame of orga              | nization   |   | Employer identification number  |
|--------------------------|--|---|---|
| ITHUAN                   | IIAN FOUNDATION, INC.                              |   | 36-6118312  |
| Part III                 | Exclusively religious, charitable, etc., contribut | a) through (e) and the following line ent<br>charitable, etc., contributions of <b>\$1,000 or</b> | ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year<br>ry. For organizations<br>less for the year. (Enter this info. once.)<br>\$ |
| a) No.<br>from<br>Part I | (b) Purpose of gift                                | (c) Use of gift   | (d) Description of how gift is held   |
|                          |  |   |   |
|                          | Transferee's name, address, a                      | (e) Transfer of gif   | Relationship of transferor to transferee  |
| -                        |  |   |   |
| a) No.<br>from<br>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                      | nd ZIP + 4  | Relationship of transferor to transferee  |
| a) No.<br>from<br>Part I | (b) Purpose of gift                                | (c) Use of gift   | (d) Description of how gift is held   |
|                          | Transferee's name, address, a                      | (e) Transfer of gift  | Relationship of transferor to transferee  |
| -                        |  |   |   |
| a) No.<br>from<br>Part I | (b) Purpose of gift                                | (c) Use of gift   | (d) Description of how gift is held   |
| -<br>  -                 |  | (e) Transfer of gif   |   |
| -                        | Transferee's name, address, a                      | nd ZIP + 4  | Relationship of transferor to transferee  |
| 454 11-08-18             |  |   | Schedule B (Form 990, 990-EZ, or 990-PF) (20  |

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13050429 765826 1000498.0

| SCHEDULE [ | ) |
|------------|---|
|------------|---|

| (Form | 990) |
|-------|------|
|-------|------|

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.



|     | ment of the Treasury<br>I Revenue Service |   | Attach to Form 990.<br>90 for instructions and the latest informati | ion.                | Inspection                |
|-----|---|---|---|---------------------|---------------------------|
| -   | e of the organizati                       |   |   |                     | identification number     |
|     | · · · · · · · · · · · · · · · · · ·       | LITHUANIAN FOUNDAT                              | ION, INC.   |                     | 6-6118312                 |
| Par | t I Organiza                              |   | d Funds or Other Similar Funds or                                   |                     |                           |
|     |   | n answered "Yes" on Form 990, Part IV, line     |   |                     |                           |
|     |   |   | (a) Donor advised funds   | (b) Funds and       | d other accounts          |
| 1   | Total number at er                        | nd of year                                      |   |                     |                           |
| 2   |   | f contributions to (during year)                |   |                     |                           |
| 3   |   | f grants from (during year)                     |   |                     |                           |
| 4   |   | t end of year                                   |   |                     |                           |
| 5   |   |   | vriting that the assets held in donor advised                       | funds               |                           |
|     | -   |   | exclusive legal control?  |                     | Yes No                    |
| 6   |   |   | dvisors in writing that grant funds can be us                       |                     |                           |
|     | •   |   | donor advisor, or for any other purpose co                          |                     |                           |
|     | impermissible priv                        |   |   | 0                   | Yes No                    |
| Par |   |   | anization answered "Yes" on Form 990, Pa                            | rt IV, line 7.      |                           |
| 1   |   | servation easements held by the organizatio     |   |                     |                           |
|     |   | n of land for public use (e.g., recreation or e |   | cally important la  | nd area                   |
|     | Protection o                              | of natural habitat                              | Preservation of a certifie  |                     |                           |
|     | Preservation                              | n of open space                                 |   |                     |                           |
| 2   | Complete lines 2a                         | through 2d if the organization held a qualifi   | ed conservation contribution in the form of                         | a conservation ea   | asement on the last       |
|     | day of the tax year                       | • • •   |   |                     | at the End of the Tax Yea |
| а   |   |   |   | 2a                  |                           |
| b   | Total acreage rest                        |   |   |                     |                           |
| с   | -   | •         | icture included in (a)  |                     |                           |
| d   |   |   | fter 7/25/06, and not on a historic structure                       |                     |                           |
|     |   |   | ·····   |                     |                           |
| 3   |   |   | eased, extinguished, or terminated by the or                        |                     | the tax                   |
|     | year 🕨                                    |   |   |                     |                           |
| 4   | Number of states                          | where property subject to conservation eas      | ement is located  |                     |                           |
| 5   | Does the organiza                         | tion have a written policy regarding the peri   | odic monitoring, inspection, handling of                            |                     |                           |
|     | violations, and enf                       | forcement of the conservation easements it      | holds?  |                     | Yes No                    |
| 6   | Staff and voluntee                        | er hours devoted to monitoring, inspecting, I   | handling of violations, and enforcing conserv                       | vation easements    | during the year           |
|     |   |   |   |                     |                           |
| 7   | Amount of expens                          | ses incurred in monitoring, inspecting, hand    | ling of violations, and enforcing conservation                      | n easements duri    | ng the year               |
|     | ►\$                                       |   |   |                     |                           |
| 8   | Does each conser                          | vation easement reported on line 2(d) above     | e satisfy the requirements of section 170(h)(4                      | 4)(B)(i)            |                           |
|     | and section 170(h)                        | )(4)(B)(ii)?                                    |   |                     | Yes No                    |
| 9   | In Part XIII, describ                     | be how the organization reports conservation    | on easements in its revenue and expense sta                         | atement, and bala   | ance sheet, and           |
|     | include, if applicat                      | ole, the text of the footnote to the organizat  | ion's financial statements that describes the                       | organization's a    | ccounting for             |
| _   | conservation ease                         |   | · · · · · · · · · · · · · · · · · · ·                               |                     | -                         |
| Par |   | -   | Art, Historical Treasures, or Othe                                  | er Similar Ass      | ets.                      |
|     | · · · · · · · · · · · · · · · · · · ·     | f the organization answered "Yes" on Form       |   |                     |                           |
| 1a  | If the organization                       | elected, as permitted under SFAS 116 (AS        | C 958), not to report in its revenue statemer                       | nt and balance sh   | eet works of art,         |
|     | historical treasures                      | s, or other similar assets held for public exh  | ibition, education, or research in furtherance                      | e of public service | e, provide, in Part XIII, |
|     | the text of the foot                      | tnote to its financial statements that describ  | bes these items.  |                     |                           |
| b   | If the organization                       | elected, as permitted under SFAS 116 (AS        | C 958), to report in its revenue statement ar                       | Id balance sheet    | works of art, historical  |
|     |   | -   | lucation, or research in furtherance of public                      | service, provide    | the following amounts     |
|     | relating to these it                      |   |   |                     |                           |
|     | (i) Revenue inclu                         | ded on Form 990, Part VIII, line 1              |   | ► \$                |                           |
|     | (ii) Assets include                       | ed in Form 990, Part X                          |   | · ·                 |                           |
| 2   | If the organization                       | received or held works of art, historical trea  | asures, or other similar assets for financial g                     | ain, provide        |                           |
|     | the following amou                        | unts required to be reported under SFAS 11      | 16 (ASC 958) relating to these items:                               |                     |                           |
| а   | Revenue included                          | on Form 990, Part VIII, line 1                  |   | 🕨 💲 _               |                           |
| b   | Assets included in                        | i Form 990, Part X                              |   | > \$                |                           |

| LHA    | For Paperwork Reduction Act Notice, see the Instructions for Form 990. |
|--------|--|
| 832051 | I 10-29-18   |

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| Sche       | dule D (Form 990) 2018 LITHUAN  | IAN FOUNDA                      | rion,              | INC.                 |                     |            |                     | 36-61        | 1831      | 2 р        | age <b>2</b> |
|------------|---|---------------------------------|--------------------|----------------------|---------------------|------------|---------------------|--------------|-----------|------------|--------------|
| Par        | t III Organizations Maintaining C   | ollections of Ar                | t, Histo           | rical Tre            | asures, o           | r Othe     | r Simila            | r Assets     | (contir   | nued)      |              |
| 3          | Using the organization's acquisition, accession   | on, and other record            | s, check a         | any of the f         | ollowing that       | t are a si | gnificant u         | ise of its c | ollection | items      | ;            |
|            | (check all that apply):   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| а          | Public exhibition   | d                               | I 🗌 L              | oan or exc           | hange progra        | ams        |                     |              |           |            |              |
| b          | Scholarly research  | е                               | · 🗌 c              | Other                |                     |            |                     |              |           |            |              |
| с          | Preservation for future generations   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| 4          | Provide a description of the organization's co  | ellections and explair          | n how the          | y further th         | e organizatio       | on's exer  | mpt purpo           | se in Part   | XIII.     |            |              |
| 5          | During the year, did the organization solicit o   | r receive donations o           | of art, hist       | torical treas        | sures, or othe      | er similar | <sup>r</sup> assets |              |           |            |              |
|            | to be sold to raise funds rather than to be ma  |                                 |                    |                      |                     |            |                     |              | Yes       |            | No           |
| Par        | t IV Escrow and Custodial Arrang  |                                 | ete if the         | organizatio          | n answered          | "Yes" on   | Form 990            | ), Part IV,  | ine 9, or |            |              |
|            | reported an amount on Form 990, Par   | t X, line 21.                   |                    |                      |                     |            |                     |              |           |            |              |
| <b>1</b> a | Is the organization an agent, trustee, custodi  |                                 |                    |                      |                     |            |                     |              | _         | _          | -            |
|            | on Form 990, Part X?  |                                 |                    |                      |                     |            |                     | L            | Yes       |            | No           |
| b          | If "Yes," explain the arrangement in Part XIII  | and complete the fol            | lowing ta          | ble:                 |                     |            |                     |              |           |            |              |
|            |   |                                 |                    |                      |                     |            |                     |              | Amoun     | t          |              |
|            | Beginning balance   |                                 |                    |                      |                     |            |                     |              |           |            |              |
|            | Additions during the year   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| e          | Distributions during the year   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| T          | Ending balance<br>Did the organization include an amount on Fo                            |                                 |                    |                      |                     |            | <b>1</b> f          |              | Yes       |            |              |
|            | •   |                                 |                    |                      |                     |            | lity?               | ····· L      | _ res     |            | _ No         |
| Par        | If "Yes," explain the arrangement in Part XIII.<br><b>t V</b> Endowment Funds. Complete i |                                 |                    |                      |                     |            | 10                  | <u></u>      |           |            |              |
|            |   | (a) Current year                |                    | ior year             | (c) Two yea         | 1          |                     | ware hack    |           | veare      | hack         |
| 19         | Beginning of year balance   | (a) Ourrent year                | (5)11              | ioi yeai             |                     | 13 Dack    |                     | yours buck   | (e) i oui | ycars      | Dack         |
| h          | Contributions   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| c<br>c     | Net investment earnings, gains, and losses  |                                 |                    |                      |                     |            |                     |              |           |            |              |
| b          | Grants or scholarships  |                                 |                    |                      |                     |            |                     |              |           |            |              |
| e          | Other expenditures for facilities   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| Ū          | and programs  |                                 |                    |                      |                     |            |                     |              |           |            |              |
| f          | Administrative expenses   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| q          | End of year balance   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| 2          | Provide the estimated percentage of the curr  | ent year end balance            | e (line 1q,        | column (a)           | ) held as:          |            |                     |              |           |            |              |
| а          | Board designated or quasi-endowment   |                                 | %                  | ( )                  |                     |            |                     |              |           |            |              |
| b          | Permanent endowment   | %                               | _                  |                      |                     |            |                     |              |           |            |              |
| с          | Temporarily restricted endowment  | %                               |                    |                      |                     |            |                     |              |           |            |              |
|            | The percentages on lines 2a, 2b, and 2c show  | uld equal 100%.                 |                    |                      |                     |            |                     |              |           |            |              |
| 3a         | Are there endowment funds not in the posse  | ssion of the organiza           | tion that          | are held ar          | nd administer       | red for th | ne organiza         | ation        |           |            |              |
|            | by:   |                                 |                    |                      |                     |            |                     |              |           | Yes        | No           |
|            | (i) unrelated organizations   |                                 |                    |                      |                     |            |                     |              | 3a(i)     |            |              |
|            |   |                                 |                    |                      |                     |            |                     |              | 3a(ii)    |            |              |
| b          | If "Yes" on line 3a(ii), are the related organization                                     | tions listed as requir          | ed on Sc           | hedule R?            |                     |            |                     |              | 3b        |            |              |
| 4          | Describe in Part XIII the intended uses of the  |                                 | wment fu           | nds.                 |                     |            |                     |              |           |            |              |
| Par        | t VI Land, Buildings, and Equipm  |                                 |                    |                      |                     | _          |                     |              |           |            |              |
|            | Complete if the organization answered   |                                 |                    |                      |                     |            |                     |              |           |            |              |
|            | Description of property   | (a) Cost or o<br>basis (investr |                    | . ,                  | or other<br>(other) |            | ccumulate           |              | (d) Boo   | k valu     | е            |
| 1a         | Land  |                                 |                    |                      |                     |            |                     |              |           |            |              |
|            | Buildings   |                                 |                    |                      |                     |            |                     |              |           |            |              |
| с          | Leasehold improvements  |                                 |                    |                      | 0,680.              |            | 9,0                 |              |           |            | 40.          |
| d          | Equipment   |                                 |                    |                      | 4,370.              |            | 3,7                 |              |           |            | <u>67.</u>   |
|            | Other   |                                 |                    |                      | 9,538.              |            | 19,0                | 29.          |           | <u>0,5</u> |              |
| Tota       | . Add lines 1a through 1e. (Column (d) must e   | <u>qual Form 990. Part .</u>    | X <u>, colum</u> ı | <u>n (B), line 1</u> | <u>))</u>           |            |                     |              | 12        | 2,8        | 16 <b>.</b>  |

Schedule D (Form 990) 2018

|            | I way on a stress of states | Other Ceauvities |             |      | ī |
|------------|-----------------------------|------------------|-------------|------|---|
| Schedule D | (Form 990) 2018             | LITHUANIAN       | FOUNDATION, | INC. |   |

| (a) Deceri-  | Complete if the organization answered "Yes" of tion of coourity or estagory (solution answered "Yes")  |  | 1                     |                    | and of yoor montret yeller |
|--|--|--|-----------------------|--------------------|----------------------------|
|  | tion of security or category (including name of security)  | (b) Book value                           | (c) Method of         | valuation: Cost or | end-of-year market value   |
|  | al derivatives   |  |                       |                    |                            |
|  | held equity interests  |  |                       |                    |                            |
| Other  |  |  |                       |                    |                            |
| (A)  |  |  | _                     |                    |                            |
| (B)  |  |  | _                     |                    |                            |
| (C)  |  |  |                       |                    |                            |
| (D)  |  |  |                       |                    |                            |
| <u>(E)</u><br>(F)  |  |  |                       |                    |                            |
| ( <u>r)</u><br>(G)   |  |  |                       |                    |                            |
| (G)<br>(H)   |  |  |                       |                    |                            |
|  | b) must equal Form 990, Part X, col. (B) line 12.) 🕨   |  |                       |                    |                            |
| art VIII   | Investments - Program Related.   |  |                       |                    |                            |
|  | Complete if the organization answered "Yes" of   | on Form 000 Part IV lir                  | 0.110 Soo Form 000    | Part V lina 13     |                            |
|  | (a) Description of investment  | (b) Book value                           |                       |                    | end-of-year market value   |
| (1)  |  |  |                       |                    |                            |
| (1)<br>(2)   |  |  |                       |                    |                            |
| (2)<br>(3)   |  |  |                       |                    |                            |
| ( <u>3)</u><br>(4)   |  |  |                       |                    |                            |
| ( <del>4)</del><br>(5)   |  |  |                       |                    |                            |
| ( <u>5)</u><br>(6)   |  |  |                       |                    |                            |
| (7)  |  |  |                       |                    |                            |
| (8)  |  |  |                       |                    |                            |
| (0)  |  |  |                       |                    |                            |
| (0)  |  |  |                       |                    |                            |
| (9)  | b) must aqual Form 000, Part V, col. (P) line 12 \   |  |                       |                    |                            |
| al. (Col. (I   | b) must equal Form 990, Part X, col. (B) line 13.) ►<br>Other Assets.  |  |                       |                    |                            |
|  | Other Assets.  | on Form 990. Part IV. lir                | e 11d. See Form 990   | Part X, line 15.   |                            |
| <b>al</b> . (Col. (I   | Other Assets.<br>Complete if the organization answered "Yes" of  | on Form 990, Part IV, lir<br>Description | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. (I<br>art IX   | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. (I<br>art IX<br>(1)  | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. (I<br>art IX<br>(1)<br>(2)   | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. (1<br>art IX<br>(1)<br>(2)<br>(3)  | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. (l<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)   | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. (l<br>art IX)<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)   | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. ()<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)   | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. (1)<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)   | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. ()<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)   | Other Assets.<br>Complete if the organization answered "Yes" of  |  | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. ()<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)  | Other Assets. Complete if the organization answered "Yes" ( (a)  | Description                              | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. ()<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(9)<br>tal. (Colu   | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X, col. (B) line   | Description                              | e 11d. See Form 990,  | , Part X, line 15. | (b) Book value             |
| al. (Col. (1)<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>:al. (Colu   | Other Assets.<br>Complete if the organization answered "Yes" (<br>(a)<br>(a)<br>(b) must equal Form 990, Part X, col. (B) line<br>Other Liabilities.   | Description                              |                       |                    |                            |
| al. (Col. ()<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>al. (Colu   | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X, col. (B) line   | Description                              |                       |                    |                            |
| al. (Col. (1)<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>al. (Colu<br>art X   | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability | Description                              | e 11e or 11f. See For |                    |                            |
| al. (Col. (1)<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>al. (Colu<br>art X<br>(1) Fed  | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c   | Description                              | e 11e or 11f. See For |                    |                            |
| al. (Col. ()<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(6)<br>(7)<br>(8)<br>(7)<br>(8)<br>(9)<br>art X<br>(1) Fed<br>(2)                                     | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability | Description                              | e 11e or 11f. See For |                    |                            |
| al. (Col. (i)<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(7)<br>(8)<br>(9)<br>(3)<br>(1) Fed<br>(2)<br>(3)   | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability | Description                              | e 11e or 11f. See For |                    |                            |
| al. (Col. (i)<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colu<br>(9)<br>tal. (Colu<br>(9)<br>(1) Fed<br>(2)<br>(3)<br>(4)                 | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability | Description                              | e 11e or 11f. See For |                    |                            |
| al. (Col. (i<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(3)<br>(1) Fed<br>(2)<br>(3)<br>(4)<br>(5)  | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability | Description                              | e 11e or 11f. See For |                    |                            |
| al. (Col. (i<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(3)<br>(1) Fed<br>(2)<br>(3)<br>(4)<br>(5)<br>(5)<br>(6)                                | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability | Description                              | e 11e or 11f. See For |                    |                            |
| al. (Col. (i<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>tal. (Colu<br>(7)<br>(8)<br>(9)<br>tal. (Colu<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7) | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability | Description                              | e 11e or 11f. See For |                    |                            |
| al. (Col. (i<br>art IX<br>(1)<br>(2)<br>(3)<br>(4)<br>(5)<br>(6)<br>(7)<br>(8)<br>(9)<br>(3)<br>(1) Fed<br>(2)<br>(3)<br>(4)<br>(5)<br>(5)<br>(6)                                | Other Assets. Complete if the organization answered "Yes" ( (a) (a) (b) must equal Form 990. Part X. col. (B) line Other Liabilities. Complete if the organization answered "Yes" ( (a) Description of liability | Description                              | e 11e or 11f. See For |                    |                            |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII 🛽 🗌

| Sche   | edule D (Form 990) 2018 LITHUANIAN FOUNDATION,  | ENC.                                   |                | 36-                | 6118312                                | Page 4                    |
|--|---|--|----------------|--------------------|--|---------------------------|
| Pa   | rt XI Reconciliation of Revenue per Audited Financial State   | ements With I                          |                |                    |  | 0                         |
|  | Complete if the organization answered "Yes" on Form 990, Part IV, line  | e 12a.                                 |                |                    |  |                           |
| 1  | Total revenue, gains, and other support per audited financial statements  |  |                | 1                  | -2,173,                                | 585.                      |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |  |                |                    |  |                           |
| а  | Net unrealized gains (losses) on investments  | 2a -                                   | 6,806,437.     |                    |  |                           |
| b  | Donated services and use of facilities  | 2b                                     |                |                    |  |                           |
| с  | Recoveries of prior year grants   | 2c                                     |                |                    |  |                           |
| d  | Other (Describe in Part XIII.)  |  |                |                    |  |                           |
| е  | Add lines 2a through 2d   |  |                | 2e                 | -6,806,                                | 437.                      |
| 3  | Subtract line 2e from line 1  |  |                | 3                  | 4,632,                                 | 852.                      |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |  |                |                    |  |                           |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b  | 4a                                     |                |                    |  |                           |
| b  | Other (Describe in Part XIII.)  | 4b                                     | 182,414.       |                    |  |                           |
| с  | Add lines 4a and 4b   |  |                | 4c                 |  | 414.                      |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   |  |                | 5                  | 4,815,                                 | 266.                      |
| Pa   | rt XII Reconciliation of Expenses per Audited Financial Sta   | tomonte With                           | Evnancas nor R | otur               | 2                                      |                           |
|  |   | tements with                           | Expenses per n | etur               | n.                                     |                           |
|  | Complete if the organization answered "Yes" on Form 990, Part IV, line  | e 12a.                                 |                |                    |  |                           |
| 1  |   | e 12a.                                 |                | 1                  | 1,367,                                 | 693.                      |
| 1 2  | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:   | e 12a.                                 |                |                    |  | 693.                      |
| _  | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements  | e 12a.                                 |                |                    |  | 693.                      |
| 2  | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities   | e 12a.<br><b>2a</b>                    |                |                    |  | 693.                      |
| 2<br>a   | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments   | e 12a.<br>                             |                |                    |  | 693.                      |
| 2<br>a<br>b  | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments   | 2a<br>2b<br>2c                         |                |                    |  | 693.                      |
| 2<br>a<br>b<br>c<br>d                                    | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b>  | 2a<br>2b<br>2c<br>2d                   |                |                    | 1,367,                                 | 0.                        |
| 2<br>a<br>b<br>c<br>d                                    | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)   | 2a<br>2b<br>2c<br>2d                   |                | 1                  |  | 0.                        |
| 2<br>a<br>b<br>c<br>d<br>e                               | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b>  | 2a<br>2b<br>2c<br>2d                   |                | 1<br>2e            | 1,367,                                 | 0.                        |
| 2<br>a<br>b<br>c<br>d<br>e<br>3                          | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b>  | e 12a.<br>2a<br>2b<br>2c<br>2d         |                | 1<br>2e            | 1,367,                                 | 0.                        |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4                     | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b  | 2a<br>2b<br>2c<br>2d<br>2d             |                | 1<br>2e            | 1,367,                                 | <u>0.</u><br>693.         |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a                | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe in Part XIII.)<br>Add lines <b>4a</b> and <b>4b</b> | 2a<br>2b<br>2c<br>2d<br>2d<br>4a<br>4b | 182,414.       | 1<br>2e<br>3<br>4c | <u>1,367,</u><br><u>1,367,</u><br>182, | <u>0.</u><br>693.<br>414. |
| 2<br>a<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b<br>c<br>5 | Complete if the organization answered "Yes" on Form 990, Part IV, line<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:<br>Donated services and use of facilities<br>Prior year adjustments<br>Other losses<br>Other losses<br>Other (Describe in Part XIII.)<br>Add lines <b>2a</b> through <b>2d</b><br>Subtract line <b>2e</b> from line <b>1</b><br>Amounts included on Form 990, Part IX, line 25, but not on line 1:<br>Investment expenses not included on Form 990, Part VIII, line 7b<br>Other (Describe in Part XIII.)                      | 2a<br>2b<br>2c<br>2d<br>2d<br>4a<br>4b | 182,414.       | 1<br>2e<br>3       | 1,367,                                 | <u>0.</u><br>693.<br>414. |

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

PART X, LINE 2:

THE FOUNDATION QUALIFIES FOR TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF

THE INTERNAL REVENUE CODE (IRC) AS OTHER THAN A PRIVATE FOUNDATION.

| PART XI, LINE 4B - OTHER ADJUSTMENTS:  |                            |
|--|----------------------------|
| INVESTMENT EXPENSE                     | 133,917.                   |
| OTHER LOSSES                           | 48,497.                    |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B  | 182,414.                   |
|  |                            |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: |                            |
| INVESTMENT EXPENSE                     | 133,917.                   |
| OTHER LOSSES                           | 48,497.                    |
| 832054 10-29-18 <b>29</b>              | Schedule D (Form 990) 2018 |
| 2 <i>3</i>                             |                            |

| Schedule D (Form 990) 2018         LITHUANIAN FOUNDATION, INC.           Part XIII         Supplemental Information (continued) | 36-6118312 Page 5          |
|---|----------------------------|
| TOTAL TO SCHEDULE D, PART XII, LINE 4B  | 182,414.                   |
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|   | Schedule D (Form 990) 2018 |

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| Department of the Tre          | asurv                          |                          |  | Attach to Form 990.   |                      |  | Open to Public                         |
|--------------------------------|--------------------------------|--------------------------|--|---|----------------------|--|--|
| Internal Revenue Serv          | ice                            | Go to                    | www.irs.gov/Fo   | orm990 for instructions and the latest  | information.         |  | Inspection                             |
| Name of the org                | anization                      |                          |  |   |                      | Employer id  | lentification number                   |
| LITHUANI.                      | AN FOUN                        | DATION,                  | INC.   |   |                      | 36-611   | 8312                                   |
|                                |                                |                          | ctivities Out  | side the United States. Comple  | ete if the organ     | nization answer  | red "Yes" on                           |
|                                | rm 990, Part IV<br>makers Does |                          | n maintain record  | ds to substantiate the amount of its gra  | nts and other        | assistance   |  |
|                                |                                |                          |  | the selection criteria used to award the  |                      |  | Yes X No                               |
| United Sta                     | ates.                          |                          |  | procedures for monitoring the use of its  |                      | her assistance   | outside the                            |
| 3 Activities (a) Re            |                                | (b) Number of            | (c) Number of  | an be duplicated if additional space is not <b>(d)</b> Activities conducted in the region                           |                      | vity listed in (d)                                     | ) (f) Total                            |
| (a) ne                         | gion                           | offices<br>in the region | employees,<br>agents, and<br>independent<br>contractors<br>in the region | (by type) (such as, fundraising, pro-<br>gram services, investments, grants to<br>recipients located in the region) | is a pro<br>describe | gram service,<br>e specific type<br>e(s) in the region | expenditures<br>for and<br>investments |
|                                |                                |                          |  |   |                      |  |  |
|                                |                                |                          |  |   |                      |  |  |
|                                |                                |                          |  |   |                      |  |  |
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|                                |                                |                          |  |   |                      |  |  |
|                                |                                |                          |  |   |                      |  |  |
| <b>3 a</b> Subtotal            |                                | 0                        | 0  |   |                      |  | 0.                                     |
| b Total from<br>sheets to      | Part I                         | 0                        | 0  |   |                      |  | 0.                                     |
| <b>c</b> Totals (ad<br>and 3b) |                                | 0                        | 0  |   |                      |  | 0.                                     |

**Statement of Activities Outside the United States** 

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

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

832071 10-31-18

SCHEDULE F (Form 990)

Schedule F (Form 990) 2018

OMB No. 1545-0047

2018

| Schedule F (Form 990) 2018 Part II Grants and Othe   | 8 LITHU<br>er Assistance to Org   | LITHUANIAN FOUNDATION<br>nee to Organizations or Entities Outside  | : (Form 990) 2018 LITHUANIAN FOUNDATION, INC. 36-6118312<br>Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990. Part IV, line 15, for any   | complete if the or          | 36-6118312<br>rganization answered "Yes" on | 18312<br>"Yes" on Form 9               | 90. Part IV, line 15, for                          | Page 2<br>anv   |
|--|---|--|--|-----------------------------|---|--|--|---|
| 1  | ceived more than \$5,   | recipient who received more than \$5,000. Part II can be duplicated if   | icated if additional space is needed.  | ded.                        |   |  |  |   |
| 1<br>(a) Name of organization  | (b) IRS code section<br>and EIN (if applicable)                         | (c) Region   | (d) Purpose of<br>grant  | (e) Amount<br>of cash grant | (f) Manner of<br>cash disbursement          | (g) Amount of<br>noncash<br>assistance | <b>(h)</b> Description<br>of noncash<br>assistance | (i) Method of<br>valuation (book, FMV,<br>appraisal, other) |
|  |   | GERMANY  | SUPPORT FOR "PASAULIO<br>LIEMINIS" PUBLICATION   | 15 000                      |   | C                                      |  |   |
|  |   | A DANA DA  | XXII SOUTH AMERICAN<br>LITHUANIAN YOUTH<br>CONGRESS IN SAO PAULO<br>AND CAMP "LITHIANICA"  | 2 00                        |   | c                                      |  |   |
|  |   | LTHUANIA   |  |                             |   |  |  |   |
|  |   |  |  |                             |   |  |  |   |
|  |   |  |  |                             |   |  |  |   |
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|  |   |  |  |                             |   |  |  |   |
|  |   |  |  |                             |   |  |  |   |
| <ul> <li>2 Enter total number of recipient organizations listed a by the IRS, or for which the grantee or counsel has a Enter total number of other organizations or entities</li> </ul> | recipient organizatio<br>ch the grantee or cou<br>other organizations o | Enter total number of recipient organizations listed above that are recogni<br>by the IRS, or for which the grantee or counsel has provided a section 501<br>Enter total number of other organizations or entities | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt<br>by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter<br>Enter total number of other organizations or entities | foreign country,            | recognized as tax-exe                       | ampt                                   |  | 7   |
|  | SEE PART V  | FOR COLUMN   | (D) DESCRIPTIONS   | 03                          |   |  | Sched  | Schedule F (Form 990) 2018                                  |

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832072 10-31-18

| <u> </u>   | LITHUANIAN FOUNDATION,                                   | UNDATION,                | , INC.                      | 36  | 36-6118312                             |                                       | Page 3   |
|--|--|--------------------------|-----------------------------|---|--|---------------------------------------|--|
| Part III Grants and Other Assistance to Individuals Outside<br>Part III can be duplicated if additional space is needed. | ice to Individuals Outside<br>additional space is needec | e the United Stat<br>I.  | tes. Complete if tl         | Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.<br>Part III can be duplicated if additional space is needed. | ו Form 990, Part ו                     | V, line 16.                           |  |
| (a) Type of grant or assistance  | (b) Region   | (c) Number of recipients | (d) Amount of<br>cash grant | <b>(e)</b> Manner of<br>cash disbursement   | (f) Amount of<br>noncash<br>assistance | (g) Description of noncash assistance | (h) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) |
| SCHOLARSHIP  | NORTH AMERICA  | 1                        | 3,500.                      |   | 0.                                     |                                       |  |
| SCHOLARSHIP  | EUROPE (INCLUDING<br>ICELAND &<br>GREENLAND)             | 6                        | 34,793.                     |   | •0                                     |                                       |  |
|  |  |                          |                             |   |  |                                       |  |
|  |  |                          |                             |   |  |                                       |  |
|  |  |                          |                             |   |  |                                       |  |
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|  |  |                          |                             |   |  |                                       |  |
|  |  |                          |                             |   |  | Schedu                                | Schedule F (Form 990) 2018                                     |

| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)   | Yes | X No |
|---|--|-----|------|
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization<br>may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign<br>Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign<br>Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) | Yes | X No |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>   | Yes | X No |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>  | Yes | X No |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"<br>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain<br>Foreign Partnerships (see Instructions for Form 8865)   | Yes | X No |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>   | Yes | X No |

Schedule F (Form 990) 2018

# Schedule F (Form 990) 2018 LITHUANIAN FOUNDATION, INC. Part V Supplemental Information

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

## PART II, COLUMN (D):

#### REGION: CANADA

### (D) PURPOSE OF GRANT: XXII SOUTH AMERICAN LITHUANIAN YOUTH CONGRESS IN

SAO PAULO AND CAMP "LITUANICA", BRAZIL

Schedule F (Form 990) 2018

832075 10-31-18

| SCHEDULE G                              | Suppleme            | ntal Information Regarding  | Fund  | Iraisi             | ing or Gaming A                   | ctiv    | ities  | OMB No. 1545-0047  |
|---|---------------------|---|---|--------------------|-----------------------------------|---------|--|--|
| (Form 990 or 990-EZ)                    |                     | e organization answered "Yes" on<br>organization entered more than \$15 |   |                    |                                   | r 19,   | or if the  | 2018   |
| Department of the Treasury              |                     | Attach to Form 990  | -   |                    | -                                 |         |  | Open to Public   |
| Internal Revenue Service                |                     | to www.irs.gov/Form990 for instru                                       | uction  | s and              | the latest informati              | on.     |  | Inspection   |
| Name of the organization                |                     | IAN FOUNDATION, IN  | с.  |                    |                                   |         | Employer ide   | ntification number<br>312                                      |
|   |                     | Complete if the organization answe                                      | red "Y  | es" or             | n Form 990, Part IV, I            | ine 1   | 7. Form 990-EZ   | filers are not   |
|   | complete this part  | ed funds through any of the followin                                    | a activ                                       | vities. (          | Check all that apply.             |         |  |  |
| a 📃 Mail solicitat                      | -                   | e Solicita  | tion of                                       | non-g              | overnment grants                  |         |  |  |
|   | email solicitations |   |   |                    | nment grants                      |         |  |  |
| c Phone solicit<br>d In-person so       |                     | g 🔄 Special   | fundra  | aising             | events                            |         |  |  |
|   |                     | r oral agreement with any individual                                    | (incluc                                       | ling of            | ficers, directors, trus           | tees,   | or   |  |
|   |                     | art VII) or entity in connection with p                                 |   |                    | -                                 |         | Yes  |  |
|   | <b>e</b> .          | viduals or entities (fundraisers) pursu                                 | ant to  | agreei             | ments under which th              | he fur  | ndraiser is to be  | 9  |
| compensated at le                       | ast \$5,000 by the  | organization.   |   |                    | 1                                 |         |  | 1  |
| (i) Name and address<br>or entity (fund |                     | (ii) Activity   | (iii)<br>fundr<br>have c<br>or cor<br>contrib | ustody<br>itrol of | (iv) Gross receipts from activity | tò (o   | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. <b>(i)</b> | <b>(vi)</b> Amount paid<br>to (or retained by)<br>organization |
|   |                     |   | Yes   | No                 | -                                 |         |  |  |
|   |                     |   |   |                    |                                   |         |  |  |
|   |                     |   |   |                    |                                   |         |  |  |
|   |                     |   |   |                    |                                   |         |  |  |
|   |                     |   |   |                    |                                   |         |  |  |
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|   |                     |   |   |                    |                                   |         |  |  |
|   |                     | L   | 1   |                    |                                   |         |  |  |
| 3 List all states in whi                |                     | n is registered or licensed to solicit c                                | ontrib  | utions             | or has been notified              | it is ( | exempt from re   | gistration   |
| or licensing.                           |                     |   |   |                    |                                   |         |  |  |
|   |                     |   |   |                    |                                   |         |  |  |
|   |                     |   |   |                    |                                   |         |  |  |
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|   |                     |   |   |                    |                                   |         |  |  |
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|   |                     |   | 000   | 000 -              |                                   | 0       |  |  |
| LHA For Paperwork Re                    | eauction Act Noti   | ce, see the Instructions for Form 9                                     | 90 or   | 990-E              | :Z. 9                             | sche    | aule G (Form 9   | 90 or 990-EZ) 2018   |

832081 10-03-18

 

 Schedule G (Form 990 or 990-EZ) 2018
 LITHUANIAN FOUNDATION, INC.
 36-6118312
 Page 2

 Part II
 Fundraising Events.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

 adraiain

|                     | of fundraising event contributions and gro  |  |   |  |   |
|---------------------|---|--|---|--|---|
|                     |   | (a) Event #1<br>SOCIAL EVENT   | <b>(b)</b> Event #2   | (c) Other events NONE  | (d) Total events<br>(add col. (a) through   |
|                     |   |  | (event type)  | (total number)   | - col. <b>(c)</b> )   |
|                     |   |  |   |  |   |
| 1                   | Gross receipts  | 24,800.  |   |  | 24,800.   |
| 2                   | Less: Contributions   | 1,000.   |   |  | 1,000.  |
| 3                   | Gross income (line 1 minus line 2)  | 23,800.  |   |  | 23,800.   |
| 4                   | Cash prizes   |  |   |  |   |
| 5                   | Noncash prizes  |  |   |  |   |
| 6                   | Rent/facility costs   |  |   |  |   |
|                     |   | 11,281.  |   |  | 11,281.   |
|                     |   |  |   |  |   |
|                     |   |  |   |  | 1,900.<br>8,275.  |
| 10                  | Direct expense summary. Add lines 4 through   | n 9 in column (d)  |   | ►  | 21,456.   |
|                     |   |  |   |  | 2,344.  |
| L II                | <b>0</b>  | answered "Yes" on Form   | 990, Part IV, line 19, or r   | reported more than   |   |
|                     | \$13,000 011 0111 330°L2, line 0a.  |  | (b) Pull tabs/instant   |  | (d) Total gaming (add   |
|                     |   | (a) Bingo  | bingo/progressive bingo   | (c) Other gaming   | col. (a) through col. (c)   |
|                     |   |  |   |  |   |
| 1                   | Gross revenue   |  |   |  |   |
| 0                   | Cash prizos   |  |   |  |   |
| 2                   |   |  |   |  |   |
| 3                   | Noncash prizes  |  |   |  |   |
|                     |   |  |   |  |   |
|                     |   |  |   |  |   |
| 5                   | Other direct expenses   |  |   |  |   |
| 6                   | Voluntaar labor   |  |   |  |   |
| 0                   |   |  |   |  |   |
| 7                   | Direct expense summary. Add lines 2 through   | n 5 in column (d)  |   | ►  |   |
|                     |   |  |   |  |   |
| 8                   | Net gaming income summary. Subtract line 7  | í from line 1. column (d)  |   |  |   |
| 8                   | Net gaming income summary. Subtract line 7  | ′ from line 1, column (d)  |   | •  |   |
| Ent                 | er the state(s) in which the organization condu   | ucts gaming activities:  |   |  |   |
| Ent<br>s tł         | er the state(s) in which the organization condune organization licensed to conduct gaming ac  | ucts gaming activities:  | states?   |  |   |
| Ent<br>s tł         | er the state(s) in which the organization condu   | ucts gaming activities:  | states?   |  |   |
| Ent<br>s tł         | er the state(s) in which the organization condune organization licensed to conduct gaming ac  | ucts gaming activities:  | states?   |  |   |
| Ent<br>s tł<br>f "N | er the state(s) in which the organization condune organization licensed to conduct gaming ac  | ucts gaming activities:<br>ctivities in each of these s  | states?   |  | Yes No  |
| Ent<br>s tł<br>f "N | er the state(s) in which the organization condune organization licensed to conduct gaming an No," explain:  | ucts gaming activities:<br>ctivities in each of these s<br>evoked, suspended, or te  | rminated during the tax y   |  | Yes No  |
| Ent<br>s tł<br>f "N | er the state(s) in which the organization conduct<br>ne organization licensed to conduct gaming a<br>No," explain:<br>re any of the organization's gaming licenses re | ucts gaming activities:<br>ctivities in each of these s<br>evoked, suspended, or te  | rminated during the tax y   |  | Yes No  |
| Ent<br>s tł<br>f "N | er the state(s) in which the organization conduct<br>ne organization licensed to conduct gaming a<br>No," explain:<br>re any of the organization's gaming licenses re | ucts gaming activities:<br>ctivities in each of these s<br>evoked, suspended, or te  | rminated during the tax y   |  | YesNo   |
|                     | 2<br>3<br>4<br>5<br>6<br>7<br>8<br>9<br>0<br>0<br>1<br>1<br>1<br>2<br>2<br>3<br>3<br>4<br>4<br>5<br>6   | 2       Less: Contributions         3       Gross income (line 1 minus line 2)         4       Cash prizes         5       Noncash prizes         6       Rent/facility costs         7       Food and beverages         8       Entertainment         9       Other direct expenses         10       Direct expense summary. Add lines 4 through         11       Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.         1       Gross revenue         2       Cash prizes         3       Noncash prizes         4       Rent/facility costs         5       Other direct expenses         6       Volunteer labor | - FALL GALA<br>(event type)         1 Gross receipts       24,800.         2 Less: Contributions       1,000.         3 Gross income (line 1 minus line 2)       23,800.         4 Cash prizes       23,800.         5 Noncash prizes | -         FALL GALA<br>(event type)           1         Gross receipts         24,800.           2         Less: Contributions         1,000.           3         Gross income (line 1 minus line 2)         23,800.           4         Cash prizes | - FALL GALA         (event type)       (event type)         1 Gross receipts       24,800.         2 Less: Contributions       1,000.         3 Gross income (line 1 minus line 2)       23,800.         4 Cash prizes       23,800.         5 Noncash prizes |

| Sch  | edule G (Form 990 or 990-EZ) 2018 LITHUANIAN FOUNDATION, INC. 36-6  | 5118312            | Page 3    |
|------|---|--------------------|-----------|
| 11   | Does the organization conduct gaming activities with nonmembers?<br>Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed                                   |                    | No        |
|      | to administer charitable gaming?  | Yes                | No        |
| 13   | Indicate the percentage of gaming activity conducted in:  |                    |           |
|      | The organization's facility   | 13a                | %         |
|      | An outside facility   | 13b                | %         |
| 14   | Enter the name and address of the person who prepares the organization's gaming/special events books and records:   |                    |           |
|      | Name  |                    |           |
|      | Address   |                    |           |
| 15a  | Does the organization have a contract with a third party from whom the organization receives gaming revenue?  | 🗌 Yes              | No No     |
| b    | o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount   |                    |           |
| c    | of gaming revenue retained by the third party ▶ \$<br>If "Yes," enter name and address of the third party:  |                    |           |
|      | Name  |                    |           |
|      | Address   |                    |           |
|      |   |                    |           |
| 16   | Gaming manager information:   |                    |           |
|      | Name  |                    |           |
|      | Gaming manager compensation 🕨 \$  |                    |           |
|      | Description of services provided  |                    |           |
|      |   |                    |           |
|      | Director/officer Employee Independent contractor  |                    |           |
| 17   | Mandatory distributions:  |                    |           |
|      | Is the organization required under state law to make charitable distributions from the gaming proceeds to   |                    |           |
| -    | retain the state gaming license?  | Yes                | No        |
| b    | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the  |                    |           |
| _    | organization's own exempt activities during the tax year 🕨 \$   |                    |           |
| Pa   | <b>rt IV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | rt III, lines 9, 9 | 9b, 10b,  |
|      |   |                    |           |
|      |   |                    |           |
|      |   |                    |           |
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|      |   |                    |           |
| 8300 | 33 10-03-18 Schedule G (Fori  | n 990 or 990       | -F7) 2018 |
| 5520 | 38  |                    | , _0 10   |

| Schedule G (Form 990 or 990-EZ) |                 | FOUNDATION, | INC. |
|---------------------------------|-----------------|-------------|------|
| Part IV Supplemental I          | of o reportions |             |      |

| Part IV | Supplemental Information (continued) |                              |
|---------|--------------------------------------|------------------------------|
|         |                                      |                              |
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|         | Sch                                  | edule G (Form 990 or 990-EZ) |

| SCHEDULE I<br>(Form 990)  |  | Compl<br>Compl       | Grants and Other Assistance to Organizations,<br>Governments, and Individuals in the United States<br><sup>Complete if</sup> the organization answered "Yes" on Form 990, Part IV, line 21 or 22. | er Assistand<br>d Individuals<br>answered "Yes"                        | ce to Organi<br>s in the Unit<br>on Form 990, Part | zations,<br>ed States<br>t IV, line 21 or 22.                  |   | OMB No. 1545-0047                           |
|---|--|----------------------|---|--|--|--|---|---|
| Department of the Treasury<br>Internal Revenue Service                              |  |                      | Go to www.irs   | Attach to Form 990.<br>www.irs.gov/Form990 for the latest information. | n 990.<br>· the latest inform                      | ation.   |   | Open to Public<br>Inspection                |
| Name of the organization  | on<br>LITHUANIAN FOUNDATION  | I FOUNDAT            | JNI .   |  |  |  |   | Employer identification number $36-6118312$ |
| Part I General In   | General Information on Grants and Assistance   | d Assistance         |   |  |  |  |   |   |
| 1 Does the organiz  | Does the organization maintain records to substantiate the amount of the   | substantiate the     |   | or assistance, the g   | jrantees' eligibility                              | for the grants or assis  | grants or assistance, the grantees' eligibility for the grants or assistance, and the selection |   |
|   | criteria used to award the grants or assistance?   | ance?                |   |  |  |  |   | Yes X No                                    |
| 2<br>S  | bescribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.  | cedures for monit    | oring the use of grant f  | unds in the United   | States.  |  |   |   |
| Part II Grants and recipient th   | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any receivent that received more than \$5,000 Part II can be dunlicated if additional space is needed | 5 000 Part II can    | zations and Domestic<br>be dunlicated if additic  | omestic Governments. Cor<br>if additional space is peeded              | omplete if the orga                                | nization answered "Y   | es" on Form 990, Part   | IV, line 21, for any                        |
| 1 (a) Name and ad<br>or gov   | 1 (a) Name and address of organization or government   | (b) EIN              |   | (d) Amount of<br>cash grant  | (e) Amount of non-cash assistance                  | (f) Method of<br>valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance   | (h) Purpose of grant<br>or assistance       |
| LITHUANIAN EDUCATIONAL COUNCIL OF<br>THE USA - 3016 STOWE LANE -<br>MANNAY NI 07430 | I EDUCATIONAL COUNCIL OF<br>3016 STOWE LANE -  |                      |   | 5<br>5<br>7<br>7<br>7<br>7<br>7  | c  |  |   | LITHUANIAN HERITAGE                         |
|   |  |                      |   |  |  |  |   |   |
| LITHUANIAN WORLD CENTER   | CENTER   |                      |   |  |  |  |   |   |
| 14911 E 127TH ST.<br>LEMONT, IL 60439   |  |                      |   | 60,000.  | .0   |  |   | GENERAL SUPPORT                             |
| LITHUANIAN AMERICAN COMMUNITY   | AN COMMUNITY   |                      |   |  |  |  |   |   |
| CULTURAL COUNCIL (IL)<br>VENETIAN WAY - ORLAND                                      | CIL (IL) - I2102<br>- ORLAND PARK, IL  |                      |   |  |  |  |   | LAC CHAPTER EVENTS &                        |
| 60467   |  |                      |   | 75,000.  | 0.   |  |   | OTHER PROJECTS                              |
| LITHUANIAN RESEARCH &<br>5600 S. CLAREMONT AVE.                                     | CH & STUDIES<br>AVE.   |                      |   |  |  |  |   | ORGANIZATION OF                             |
| CHICAGO, IL 60636   |  |                      |   | 50,500.  | 0.   |  |   | LITHUANIAN RESEARCH                         |
| NAVI<br>TA 1  | VE.  |                      |   | (<br>(<br>(<br>)   |  |  |   | DAINAVA CAMPGROUNG                          |
| WHEATON, IL 60187   |  |                      |   | 40,000.  |  |  |   | TMPROVEMENTS                                |
| LAC NATIONAL EXEC.  | . COMMITTEE  |                      |   |  |  |  |   |   |
| N.  |  |                      |   |  |  |  |   |   |
|   | 15   |                      |   | 91,500.  | •0   |  |   | SPECIAL EVENTS                              |
| 2 Enter total numbe   | Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  | d government org     | janizations listed in the   | line 1 table   |  |  |   |   |
| 3 Enter total numbe   | Enter total number of other organizations listed in the line 1 table   | listed in the line 1 | I table   |  |  |  |   |   |
| LHA For Paperwork   | For Paperwork Reduction Act Notice, see the Instructions for Form 990.   | see the Instructi    | ons for Form 990.   |  |  |  |   | Schedule I (Form 990) (2018)                |

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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| Schedule I (Form 990) LITHUANIAN FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States | N FOUNDAT<br>Assistance to Gov | ION, INC 。<br>vernments and Organ       | izations in the Un                 |  | (Schedule I (Form 990), Part II.)                              |   | 36-6118312 Page 1                                     |
|--|--------------------------------|---|------------------------------------|--|--|---|---|
| (a) Name and address of organization or government   | ( <b>b</b> ) EIN               | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance          |
| LITHUANIAN-AMERICAN NEWSPAPER<br>DRAUGAS - 4545 W 63RD. ST<br>CHICAGO, IL 60629  |                                |   | 24,000.                            | .0   |  |   | NEWSPAPER PUBLISHING AND<br>PROJECT                   |
| LITHUANIAN YOUTH CENTER<br>5620 S. CLAREMONT AVE.<br>CHICAGO, IL 60636   |                                |   | 30,000.                            | .0   |  |   | WINDOW REPLACEMENT AT<br>YOUTH CENTER                 |
| CAMP NERINGA<br>4 JOHNSON STREET<br>NEWBURYPORT, MA 01950  |                                |   | 20,000.                            | .0   |  |   | CAMP IMPROVEMENTS                                     |
| THE ATEITIS FOUNDATION<br>14410 COUNTRY CLUB LN.<br>ORLAND PARK, IL 60462  |                                |   | .000.                              | 0.   |  |   | INFRASTRUCTURE<br>IMPROVEMENT PROJECT                 |
| LAC SOCIAL AFFAIR COUNSIL<br>1209 COUNTRY LN.<br>LEMONT, IL 60439  |                                |   | 14,500.                            | 0.   |  |   | SUPPORT SENIOR CITIZENS<br>CENTER                     |
| JOURNAL BRIDGE'S<br>43 ANTHONY ST.<br>NEW HAVEN, CT 06515  |                                |   | 6,000.                             | 0.   |  |   | PUBLICATION SUPPORT                                   |
| LITHUANIAN MUSEUM OF ART<br>14911 127TH ST.<br>LEMONT, IL 60439  |                                |   | 6,500.                             |  |  |   | EXHIBITIONS & OTHER<br>CULTURAL EVENTS                |
| LITHUANIAN SCOUTS-CAMP RAKAS<br>7982 S. GARFIELD AVE.<br>BURR RIDGE, IL 60527  |                                |   | 20,000.                            | .0   |  |   | CAMP RENOVATION                                       |
| LAC, NEW ENGLAND DISTRICT<br>159 WILLARD STREET, U 6<br>QUINCY, MA 02169   |                                |   | 20,000.                            | *<br>0   |  |   | BALTIC CENTENNIAL IN<br>BOSTON<br>Scheduid (Lerm 990) |
|  |                                |   |                                    |  |  |   | Schedule I (Form 330)                                 |

| Schedule I (Form 990) LITHUANIAN FOUNDATION, INC.<br>Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | N FOUNDAT | ION , INC .<br>ernments and Organ       | izations in the Un                 | ited States (Sche                              | dule I (Form 990), Par   |   | 36-6118312 Page 1  |
|---|-----------|---|------------------------------------|--|--|---|--|
| (a) Name and address of organization or government  | (b) EIN   | <b>(c)</b> IRC section<br>if applicable | <b>(d)</b> Amount of<br>cash grant | <b>(e)</b> Amount of<br>non-cash<br>assistance | (f) Method of<br>valuation<br>(book, FMV,<br>appraisal, other) | (g) Description of<br>non-cash assistance | <b>(h)</b> Purpose of grant<br>or assistance   |
| LITHUANIAN SCOUTS ASSOCIATION<br>575 LETITIA COURT<br>BURLINGTON, IL 60109  |           |   | 10,000.                            | .0   |  |   | CENTENNIAL OF LITHUANIAN<br>SCOUTING, 10TH JAMBOREE  |
| CHILDS GATE TO LEARNING<br>ORGANIZATION (IL) - 505 ASHBURY<br>CT LEMONT, IL 60439   |           |   | 6,287.                             |  |  |   | EDUCATIONAL EXCURSIONS<br>AND COMPUTERS FOR AFTER<br>SCHOOL YOUTH CENTERS IN<br>LITHUANIA        |
| HUANIAN ALL]<br>  - LITHUAN]<br>RICA (NY) -<br>[0001  |           |   | 5,000.                             | 0.   |  |   | SLA BUILDING FACADE AND<br>INFRASTRUCTURE REPAIRS  |
| LITHUANIAN ART GALLERY<br>5620 S CLAREMONT AVE.<br>CHICAGO, IL 60636  |           |   | 5,000.                             | .0   |  |   | SEASON EVENTS,<br>EXHIBITIONS, CONCERTS  |
| BALZEKAS MUSEUM OF LITHUANIAN<br>CULTURE (CHICAGO, IL) - 6500 S.<br>PULASKI RD CHICAGO, IL 60629  |           |   | 5,000.                             | .0   |  |   | EXHIBITION "FOR FREEDOM:<br>LITHUANIAN AMERICAN<br>SUPPORT FOR LITHUANIA'S<br>INDEPENDENCE AND   |
| "DAINAVA" LITHUANIAN CHORALE (IL)<br>14911 EAST 127TH STREET<br>LEMONT, IL 60439  |           |   | 5,000.                             |  |  |   | ANNUAL "DAINAVA" CONCERT   |
| LITHUANIAN CULTURAL CENTER OF<br>PHILADELPHIA (PA) - 2715 E<br>ALLEGHENY AVENUE - PHILADELPHIA,<br>PA 19134   |           |   | 7,000.                             |  |  |   | RECONSTRUCTION OF<br>LITHUANIAN CULTURAL<br>CENTER EMERGENCY EXIT AND<br>FUNCTIONAL REASSIGNMENT |
|   |           |   |                                    |  |  |   |  |
|   |           |   |                                    |  |  |   |  |
|   |           |   |                                    |  |  |   | Schedule I (Form 990)  |

| Schedule I (Form 990) (2018) LITHUANIAN FOUNDATION,  |                             | INC.                        |                                       |  | 36-6118312 Page 2                     |
|--|-----------------------------|-----------------------------|---------------------------------------|--|---------------------------------------|
| <b>er Assist</b> a<br>plicated i   | . Complete if the           | organization answe          | red "Yes" on Form 9                   | 00, Part IV, line 22.                                    |                                       |
| (a) Type of grant or assistance  | (b) Number of recipients    | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | (e) Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
| SCHOLARSHIPS   | 88                          | 239,922.                    |                                       |  |                                       |
|  |                             |                             |                                       |  |                                       |
|  |                             |                             |                                       |  |                                       |
|  |                             |                             |                                       |  |                                       |
|  |                             |                             |                                       |  |                                       |
| <b>Part IV</b> Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. | l<br>quired in Part I, line | e 2; Part III, column       | (b); and any other ad                 | litional information.                                    |                                       |
| PART I, LINE 2:  |                             |                             |                                       |  |                                       |
| GRANT RELATED EXPENDITURES SUPPORTING  |                             | OCUMENTATION F              | FOR EACH GR                           | GRANTEE IS   |                                       |
| REQUIRED TO BE SUBMITTED TO THE FOU  | FOUNDATION.                 |                             |                                       |  |                                       |
|  |                             |                             |                                       |  |                                       |
| PART II, LINE 1, COLUMN (H):   |                             |                             |                                       |  |                                       |
| NAME OF ORGANIZATION OR GOVERNMENT:  | ••                          |                             |                                       |  |                                       |
| BALZEKAS MUSEUM OF LITHUANIAN CULTURE  | URE (CHICAGO,               | AGO, IL)                    |                                       |  |                                       |
| (H) PURPOSE OF GRANT OR ASSISTANCE:  | : EXHIBITION                | " FOR                       | FREEDOM: LI                           | LITHUANIAN   |                                       |
| AMERICAN SUPPORT FOR LITHUANIA'S IN  | INDEPENDEN                  | NDENCE AND RECOGNITION"     | OGNITION"                             |  |                                       |
| 832102 11-02-18  |                             |                             |                                       |  | Schedule I (Form 990) (2018)          |

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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 36-6118312

LITHUANIAN FOUNDATION, INC.

FORM 990, PART VI, SECTION A, LINE 6:

LINE 6 EXPLANATION - THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A:

LINE 7A EXPLANATION - THE ORGANIZATION HAS MEMBERS WHICH MAY ELECT MEMBERS

OF THE GOVERNING BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

LINE 11B EXPLANATION - THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO

ITS FILLING. ADJUSTMENTS ARE MADE AS NECESSARY BASED ON THE BOARD'S REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO SUBMIT A DISCLOSURE FORM

ON AN ANNUAL BASIS.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE MADE AVAILABLE

990 TAX RETURNS ARE ALSO AVAILABLE ON THE ILLINOIS ATTORNEY UPON REQUEST.

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GENERAL'S WEB SITE HTTP://WWW.ILLINOISATTORNEYGENERAL.GOV

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832211 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)