Form 990	
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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 applicabl	c Name of organization		D Employer identifie	cation number
	Addre	EITHUANIAN FOUNDATION, INC.			
	Name chang			36-63	118312
	Initial return		Room/suite	E Telephone number	
	Final return	14911 127TH STREET		630-2	257-1616
	termin ated	, , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	19,432,753.
	Amen	LEMONT, IL 00439-7417		H(a) Is this a group re	
	Applic tion 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: FUND	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 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 133,984.	Current Year 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) 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 990 (2018)

Form	990 (2018) LITHUANIAN FOUNDATION, INC.	36-	6118	3312	Page 2
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: <u>TO PRESERVE AND FOSTER LITHUANIAN CULTURE AND TRADITIONS</u> <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	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? . 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.				
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$			
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	e\$			
4d	Other program services (Describe in Schedule O.)			`	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ► 1,233,319.)	
4e				Form 9	90 (2018
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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> 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 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> 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> 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	
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 LITHUANIAN FOUNDATION, INC.
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 Part IV
 Checklist of Required Schedules (continued)
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			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>
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Form	990 (2018) LITHUANIAN FOUNDATION, INC. 36-6118	312	Р	age 5
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 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] 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	Note. 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? 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.			
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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 1b		15			
ody delegated broad authority to an executive committee or similar committee, explain in Schedule 0. Inter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee?	<u> </u>					
nter the number of voting members included in line 1a, above, who are independent id any officer, director, trustee, or key employee have a family relationship or a business relationship fficer, director, trustee, or key employee? 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 fficer, director, trustee, or key employee? id the organization delegate control over management duties customarily performed by or under the	<u> </u>					
fficer, director, trustee, or key employee? 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 hours per week	Position (do not check more th box, unless person is officer and a director/					n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) TAURAS BUBLYS	5.00								0	0
PRESIDENT		Х		X		-		0.	0.	0.
(2) SAULIUS CYVAS	5.00								0	0
DIRECTOR (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	F 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 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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832007 12-31-18

Form 990 (2018)

Form 990 (2018) LITHUANIA	N FOUNE)AT	'I0	N,	I	NC	•		36-61	18:	312	Pa	age 8
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 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 employee	Former				5		
		-			×	1 <u>+</u> 0				-+			
		·											
						-				\rightarrow			
										$ \rightarrow $			
		1											
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		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 🤇	990 (2	2018)

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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>	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
G U	с	Fundraising events		1,000.				
ifts ar A	d	Related organizations						
s, G 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 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) 18,046,902.) Other				
	b	assets other than inventory	10,040,002.					
	a	Less: cost or other basis	14,596,031.					
		and sales expenses 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 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 990 (2018)

^{832009 12-31-18}

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, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to 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 0	Other salaries and wages	144,340.	13,331.	14,0/3.	J 1 ,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 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> 1,670.	99. 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 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) 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

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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 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8 9 10	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	1 2 3 4 5 6 7 8 9 9	4,81 1,55 3,26 38,60 -6,80 35,06	0,1 5,1 2,7 6,4	07. 59. 21. 37. 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: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 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 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 Inspection

Name of the o	organization
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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		Type I. A supporting orga				-		-	aivina	
а			-	-	• • • •	-				
		the supported organization			majonty c		tors or truste		ipporting	
		organization. You must c	-					··· (-) ··· ·· ·· ··	·	
b		Type II. A supporting orga	-				-		-	
		control or management or			ame perso	ns that co	ntrol or manag	ge the supp	oorted	
		organization(s). You mus								
С		Type III functionally inte	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).						
	(Name of supported 	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount or	f monetary	(vi) Amount of other	
		organization		(described on lines 1-10 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	[•] 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) 2015	(c) 2016	(d) 2017	(e) 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 ction C. Computation of Publ	^{p here} 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 >
			,,	, , .,			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) 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, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit 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 from other than disqualified persons that exceed the greater of \$5,000 or 1% of the 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) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (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
 a A person who directly or indirectly controls, either action or together with persons described in (b) and (c) b A anily member of a person described in (b) above? c. A static controls entitly of a person described in (b) above? c. A static controls entitly of a person described in (b) above? c. A static control entitly of a person described in (b) above? d. Static controls entitly of a person described in (b) above? d. Static controls entitly of a person described in (b) above? d. Static controls entitly of a person described in (b) above? d. Static controls entitly of a person described in (b) above? d. Static controls entitly of a person described in (b) above? d. Static controls entitly of a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly a person described in (b) above? d. Static controls entitly above and above and above a	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				
Section B. Type I Supporting Organizations Yes No Dot 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 at times during the tax year 1/1 'Wo,' describe in Part VI now the supported organization's directed arong the supported organization, and the constitutions or restrictions, if any, applied to such powers during the tax year. Do Ut the organization or the benefit of any supported organization of the thread anong the supported organization operated supervised, or controlled the supported organization of the thread the any supported organization of the thread organization and the any supported organization of the thread organization and the any supported organization and the any supported organization and the any supported organization and the any support and organization and the support and organization and the any support and any support		, , , , , , , , , , , , , , , , , , , ,			
 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. 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? Did the organization's officers, directors, or trustees ofter (apported organization's line tax year? Were any of the organization's officers, directors, or trustees ofter (apported organization's line). Yee intervention is upp					
 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. 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				Yes	No
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		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 Part VI the role played by the organization in this regard.	3b		

17

832025 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

13050429 765826 1000498.0

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 (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 (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 Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 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 Part VI). 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 Pre-2018	Distributable 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 Part VI. 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

832028 10-11-18

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 not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$8,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>6</u> 823452 11-08		\$ <u>69,236.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.) 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) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	, , , ,	\$ <u> </u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$8,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

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13050429 765826 1000498.0

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 charitable, etc., contributions of \$1,000 or	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.) \$
a) No. from 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. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
-			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
- -		(e) Transfer of 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

25

13050429 765826 1000498.0

SCHEDULE [)
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(Form	990)
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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 I Revenue Service		Attach to Form 990. 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 2
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	^r 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.									
1 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 Did the organization include an amount on Fo						1 f		Yes		
	•						lity?	····· L	_ res		_ No
Par	If "Yes," explain the arrangement in Part XIII. t V 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 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 basis (investr		. ,	or other (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 .

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> (F)					
(<u>r)</u> (G)					
(G) (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) (2)					
(2) (3)					
(<u>3)</u> (4)					
(4) (5)					
(<u>5)</u> (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.) ► Other Assets.				
	Other Assets.	on Form 990. Part IV. lir	e 11d. See Form 990	Part X, line 15.	
al . (Col. (I	Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, lir Description	e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. (I art IX	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. (I art IX (1)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. (I art IX (1) (2)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. (1 art IX (1) (2) (3)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. (l art IX (1) (2) (3) (4)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. (l art IX) (1) (2) (3) (4) (5)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. () art IX (1) (2) (3) (4) (5) (6)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. (1) art IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answered "Yes" of		e 11d. See Form 990,	, Part X, line 15.	(b) Book value
al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (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. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) 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) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) :al. (Colu	Other Assets. Complete if the organization answered "Yes" ((a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description			
al. (Col. () art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) 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) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu 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) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Colu art X (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. () art IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (7) (8) (9) art X (1) Fed (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) art IX (1) (2) (3) (4) (5) (6) (7) (8) (7) (8) (9) (3) (1) Fed (2) (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) art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu (9) tal. (Colu (9) (1) Fed (2) (3) (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 art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (1) Fed (2) (3) (4) (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 art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (1) Fed (2) (3) (4) (5) (5) (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 art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Colu (7) (8) (9) tal. (Colu (2) (3) (4) (5) (6) (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 art IX (1) (2) (3) (4) (5) (6) (7) (8) (9) (3) (1) Fed (2) (3) (4) (5) (5) (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 Total expenses and losses per audited financial statements 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 Total expenses and losses per audited financial statements	e 12a.				693.
2	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	e 12a. 2a				693.
2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	e 12a. 				693.
2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c				693.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d			1,367,	0.
2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d		1		0.
2 a b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d		1 2e	1,367,	0.
2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	e 12a. 2a 2b 2c 2d		1 2e	1,367,	0.
2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d		1 2e	1,367,	<u>0.</u> 693.
2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d 2d 4a 4b	182,414.	1 2e 3 4c	<u>1,367,</u> <u>1,367,</u> 182,	<u>0.</u> 693. 414.
2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	182,414.	1 2e 3	1,367,	<u>0.</u> 693. 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 29	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.
	Schedule D (Form 990) 2018

13050429 765826 1000498.0

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 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 (d) Activities conducted in the region		vity listed in (d)) (f) Total
(a) ne	gion	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, e specific type e(s) in the region	expenditures for and investments
3 a Subtotal		0	0				0.
b Total from sheets to	Part I	0	0				0.
c Totals (ad 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 er Assistance to Org	LITHUANIAN FOUNDATION nee to Organizations or Entities Outside	: (Form 990) 2018 LITHUANIAN FOUNDATION, INC. 36-6118312 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 rganization answered "Yes" on	18312 "Yes" on Form 9	90. Part IV, line 15, for	Page 2 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 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		GERMANY	SUPPORT FOR "PASAULIO LIEMINIS" PUBLICATION	15 000		C		
		A DANA DA	XXII SOUTH AMERICAN LITHUANIAN YOUTH CONGRESS IN SAO PAULO AND CAMP "LITHIANICA"	2 00		c		
		LTHUANIA						
 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 	recipient organizatio ch the grantee or cou other organizations o	Enter total number of recipient organizations listed above that are recogni by the IRS, or for which the grantee or counsel has provided a section 501 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 by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 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 Part III can be duplicated if additional space is needed.	ice to Individuals Outside additional space is needec	e the United Stat 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. 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 cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	NORTH AMERICA	1	3,500.		0.		
SCHOLARSHIP	EUROPE (INCLUDING ICELAND & GREENLAND)	6	34,793.		•0		
						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 may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

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 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 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 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	
	e .	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 or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	-			
		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.								
			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 SOCIAL EVENT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(total number)	- col. (c))
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. 8,275.
10	Direct expense summary. Add lines 4 through	n 9 in column (d)		►	21,456.
					2,344.
L II	0	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 s tł	er the state(s) in which the organization condune organization licensed to conduct gaming ac	ucts gaming activities:	states?		
Ent s tł	er the state(s) in which the organization condu	ucts gaming activities:	states?		
Ent s tł	er the state(s) in which the organization condune organization licensed to conduct gaming ac	ucts gaming activities:	states?		
Ent s tł f "N	er the state(s) in which the organization condune organization licensed to conduct gaming ac	ucts gaming activities: ctivities in each of these s	states?		Yes No
Ent s tł f "N	er the state(s) in which the organization condune organization licensed to conduct gaming an No," explain:	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	rminated during the tax y		Yes No
Ent s tł f "N	er the state(s) in which the organization conduct ne organization licensed to conduct gaming a No," explain: re any of the organization's gaming licenses re	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	rminated during the tax y		Yes No
Ent s tł f "N	er the state(s) in which the organization conduct ne organization licensed to conduct gaming a No," explain: re any of the organization's gaming licenses re	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	rminated during the tax y		YesNo
	2 3 4 5 6 7 8 9 0 0 1 1 1 2 2 3 3 4 4 5 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 (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 (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? 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 ▶ \$ 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	rt IV 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,
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)	
	Sch	edule G (Form 990 or 990-EZ)

SCHEDULE I (Form 990)		Compl Compl	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ^{Complete if} the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	er Assistand d Individuals answered "Yes"	ce to Organi s in the Unit on Form 990, Part	zations, ed States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.irs	Attach to Form 990. www.irs.gov/Form990 for the latest information.	n 990. · the latest inform	ation.		Open to Public Inspection
Name of the organization	on 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 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 be dunlicated if additic	omestic Governments. Cor 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 or gov	1 (a) Name and address of organization or government	(b) EIN		(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LITHUANIAN EDUCATIONAL COUNCIL OF THE USA - 3016 STOWE LANE - MANNAY NI 07430	I EDUCATIONAL COUNCIL OF 3016 STOWE LANE -			5 5 7 7 7 7 7	c			LITHUANIAN HERITAGE
LITHUANIAN WORLD CENTER	CENTER							
14911 E 127TH ST. LEMONT, IL 60439				60,000.	.0			GENERAL SUPPORT
LITHUANIAN AMERICAN COMMUNITY	AN COMMUNITY							
CULTURAL COUNCIL (IL) VENETIAN WAY - ORLAND	CIL (IL) - I2102 - ORLAND PARK, IL							LAC CHAPTER EVENTS &
60467				75,000.	0.			OTHER PROJECTS
LITHUANIAN RESEARCH & 5600 S. CLAREMONT AVE.	CH & STUDIES AVE.							ORGANIZATION OF
CHICAGO, IL 60636				50,500.	0.			LITHUANIAN RESEARCH
NAVI TA 1	VE.			((()				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. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States	N FOUNDAT Assistance to Gov	ION, INC 。 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITHUANIAN-AMERICAN NEWSPAPER DRAUGAS - 4545 W 63RD. ST CHICAGO, IL 60629			24,000.	.0			NEWSPAPER PUBLISHING AND PROJECT
LITHUANIAN YOUTH CENTER 5620 S. CLAREMONT AVE. CHICAGO, IL 60636			30,000.	.0			WINDOW REPLACEMENT AT YOUTH CENTER
CAMP NERINGA 4 JOHNSON STREET NEWBURYPORT, MA 01950			20,000.	.0			CAMP IMPROVEMENTS
THE ATEITIS FOUNDATION 14410 COUNTRY CLUB LN. ORLAND PARK, IL 60462			.000.	0.			INFRASTRUCTURE IMPROVEMENT PROJECT
LAC SOCIAL AFFAIR COUNSIL 1209 COUNTRY LN. LEMONT, IL 60439			14,500.	0.			SUPPORT SENIOR CITIZENS CENTER
JOURNAL BRIDGE'S 43 ANTHONY ST. NEW HAVEN, CT 06515			6,000.	0.			PUBLICATION SUPPORT
LITHUANIAN MUSEUM OF ART 14911 127TH ST. LEMONT, IL 60439			6,500.				EXHIBITIONS & OTHER CULTURAL EVENTS
LITHUANIAN SCOUTS-CAMP RAKAS 7982 S. GARFIELD AVE. BURR RIDGE, IL 60527			20,000.	.0			CAMP RENOVATION
LAC, NEW ENGLAND DISTRICT 159 WILLARD STREET, U 6 QUINCY, MA 02169			20,000.	* 0			BALTIC CENTENNIAL IN BOSTON Scheduid (Lerm 990)
							Schedule I (Form 330)

Schedule I (Form 990) LITHUANIAN FOUNDATION, INC. 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 . 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	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITHUANIAN SCOUTS ASSOCIATION 575 LETITIA COURT BURLINGTON, IL 60109			10,000.	.0			CENTENNIAL OF LITHUANIAN SCOUTING, 10TH JAMBOREE
CHILDS GATE TO LEARNING ORGANIZATION (IL) - 505 ASHBURY CT LEMONT, IL 60439			6,287.				EDUCATIONAL EXCURSIONS AND COMPUTERS FOR AFTER SCHOOL YOUTH CENTERS IN LITHUANIA
HUANIAN ALL] - LITHUAN] RICA (NY) - [0001			5,000.	0.			SLA BUILDING FACADE AND INFRASTRUCTURE REPAIRS
LITHUANIAN ART GALLERY 5620 S CLAREMONT AVE. CHICAGO, IL 60636			5,000.	.0			SEASON EVENTS, EXHIBITIONS, CONCERTS
BALZEKAS MUSEUM OF LITHUANIAN CULTURE (CHICAGO, IL) - 6500 S. PULASKI RD CHICAGO, IL 60629			5,000.	.0			EXHIBITION "FOR FREEDOM: LITHUANIAN AMERICAN SUPPORT FOR LITHUANIA'S INDEPENDENCE AND
"DAINAVA" LITHUANIAN CHORALE (IL) 14911 EAST 127TH STREET LEMONT, IL 60439			5,000.				ANNUAL "DAINAVA" CONCERT
LITHUANIAN CULTURAL CENTER OF PHILADELPHIA (PA) - 2715 E ALLEGHENY AVENUE - PHILADELPHIA, PA 19134			7,000.				RECONSTRUCTION OF LITHUANIAN CULTURAL CENTER EMERGENCY EXIT AND FUNCTIONAL REASSIGNMENT
							Schedule I (Form 990)

Schedule I (Form 990) (2018) LITHUANIAN FOUNDATION,		INC.			36-6118312 Page 2
er Assist a 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 cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	88	239,922.			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	l 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

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