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LITHFOUND 04/01/2010 9 01 AM 990

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

OMB No 1545-0047 2009 Open to Public

manager and the second of the			
9 calendar year, or tax year beginning , and ending			
le Please C Name of organization use (RS)		D Employ	yer identification number
label or LITHUANIAN FOUNDATION, INC			
print or Doing Business As		36-	6118312
type. Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number
14311 WEST 12/III SINEET			
Instruc- City or town, state or country, and ZIP + 4	<u> </u>	G Gross recei	pts \$ 8,587,401
tions. LEMONT IL 60439			
Ing F Name and address of principal officer		H(a) Is this a	a group return for
		affiliates	
		included	
		If "No,"	attach a list. (see instructions)
status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
WWW.LITHUANIANFOUNDATION.ORG		H(c) Group	exemption number
ation X Corporation Trust Association Other ▶ L Y	ear of formation 19	962	M State of legal domicile IL
Summary			
y describe the organization's mission or most significant activities			
UNDING CULTURAL AND EDUCATIONAL ACTIVITIES.			
this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its net assets		
		3	18
ber of independent voting members of the governing body (Part VI, line 1b)		4	18
		5	3
		6	
•		<u> </u>	
			0
	Prior Year		Current Year
ributions and grants (Part VIII, line 1h)	,945	322,810	
ram senice revenue (Part VIII line 20) 1 - 1	T		
stment income (Part VIII, column (A), lines Baland 7d) 2 2 20 10	-1,985	,802	-637,648
	14	,945	21,039
	-1,326	6,912 -293,7	
	646	,225	382,475
, , ,			
nes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	97	,853	73,427
essional fundraising fees (Part IX, column (A), line 11e)			
	-		
	206	,074	139,215
			595,117
` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			-888,916
			End of Year
assets (Part X, line 16)	12,060	,222	13,232,042
liabilities (Part X, line 26)			310,482
assets or fund balances Subtract line 21 from line 20	11,609	,691	12,921,560
Signature Block			
Under penalties of penury, I degrare that I have examined this return, including accompanying schedules and	statements and to	the best of	my knowledge
and belief, it of true, correct, and complete Declaration of preparer (other than officer) is based on all inform	ation of which prepared	arer has any	knowledge
X / / And Clar		X 4	17/10
Signature of officer		Date	
		Juic	
N MARIUS KASNIUNAS PRISIDING			
Type or print name and title	- -		
Type or print name and title	Chart		Preparer's identifying number
Type or print name and title Preparer's Date	Check if self-		(see instructions)
Type or print name and title Preparer's signature Date 04/03	co#f-	T	(see instructions) 325-54-7655
Type or print name and title Preparer's signature Date 04/01 Firm's name (or yours and title) DERAIMO HILLGER & CASSOCIATES	L/10 self- employe	d ▶ □	(see instructions)
Type or print name and title Preparer's signature Date 04/01 Firm's name (or yours of self-employed), DERAIMO HILLGER & DASSOCIATES 655 NORTH LAGRANGE RD., SUITE 10:	L/10 self- employe	EIN Phone	(see instructions) 325-54-7655 36-4261913
Type or print name and title Preparer's signature Date 04/01 Firm's name (or yours and title) DERAIMO HILLGER & CASSOCIATES	L/10 self- employe	EIN Phone	(see instructions) 325-54-7655
n o	print or pr	pint of print of print of print of print of print of type. See Specific Instructions	Doing Becomes As Number and street (or P 0 box if mal s not delivered to street address) Roombaute E Telephr See 14911 WEST 127TH STREET Gt yor town, state or country, and ZIP + 4 IL 60439 H(a) is the interval IL MONT IL 60439 H(b) is the interval IL MONT IL 60439 H(c) Group H(c) Group

G6 to 17

4d	Other program services	(Describe in Schedule O)		
	(Expenses_\$	including grants of \$) (Revenue \$)
40	Total program sonvice	421 509		

Pa	art 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 public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	1		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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 169 If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	_	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	_19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		<u> </u>

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 12 If "Yes." complete Schedule I, Parts I and II 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the 22 United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
- 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I
 - b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
- 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II
- 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III
- Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)
- a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
- b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV
- c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV
- 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M
- 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M
- 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I
- 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II
- 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3º If "Yes," complete Schedule R, Part I
- 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1
- 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2
- 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
- 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
- Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O

	24a		X
i	24b		
	24c		
	24d		
1	25a		х
	25b		x
i	26		x
	27		х
	28a		x
	28b	Î	x
	28c		x
	29		X
	30		х
	31		ж
	32		<u>x</u>
	33		<u>x</u>
	34		<u>x</u>
	35		X
	36		<u>x</u>
	37		x
	38	x	
	Fom	n 990	(2009)

Senter the number reported in 8cx 3 of Form 1086, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1 is 0 0	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
1s Enter the number reported in Box 3 of Form 1996, Annual Summary and Transmittal of U.S. Information Returns. Enter - 6 not applicable Enter the number of Forms W2G included in line 1s Enter -6 not applicable Of the organization comply with adulty with without present the payments to vendors and reportable gaming (genetizing) without present and the present of the number of emotivoses reported on Form V3D. Transmittal of Valge and Tax. Statemens, field for the calendar year ending with or within the year covered by this return. It is least one is reported on ine 2a, 6d the organization file in dequared florarial prespirations. File of the calendar year ending with or within the year covered by this return. It is least one is reported on ine 2a, 6d the organization file in dequared florarial prespirations. File of the calendar year, 6d the organization have an interest in, or a significant of order authority over, a filenacial account in a foreground country is filenated accountry. If Yes, Fas a filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 4a. At any time during the calendar year, did the organization have an interest in, or a significant of other authority over, a filenacial account in a foreground country is filenated accountry? 4a. X by If Yes, Fas a filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 4b. If Yes, Fas the did a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. 4b. At any time during the calendar year, did the organization have an interest in, or a significant or other distincts accountry over, a file accountry of the calendar year. 5a. Was the organization in Schedule of the Schedule of the schedule of the calendar of the accountry of the foreign Blank and Financial Accounts. 5b. Was the organization and present organization and any time during the tax year? 5b. Did any time blank party, not by the organization in the Form 9888-T, Disclosure by Tax-Exempt Entity Regarding Probability and the						Yes	No
be Enter the number of Forms W-20 included in line 1s Enter -0- in not applicable on Did the organization comply with backup withholding intellection of the complex of the	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		-		
Description of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 28 Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the catendar year ending with or within the year covered by this return 19 If at least one is reported on the 2.8 did the organization file all required to e-life this return (see instructions) 30 Did the organization have unrelated business gross income of \$1.000 or more during the year covered by this return? 31 If Yes, This is filed a Form 990-T for this year? If This, provide an explanation in Schedule O 32 A dary time during the celebrat year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country See 32 If Yes, 1 and		U.S. Information Returns. Enter -0- if not applicable	1a	1			
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2a Enter the number of employees exported on Form W.3, Transmittal of Wape and Tax Statements, failed for the calendar vear ending with or within the year concent by this return. If at least one is reported on line 2a, did the organization file all required to e-file this return (see instructions). 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3b If Yes, has it filed a Form 190-T for this year? If Yes," provide an explesiation in Schedule O. 3a If Yes, has a filed a Form 190-T for this year? If Yes," provide an explesiation in Schedule O. 3a If Yes, has a filed a Form 190-T for this year? If Yes," provide an explesiation in Schedule O. 3c If Yes, has a filed a Form 190-T for this year? If Yes," provide an explesiation in Schedule O. 3c If Yes, has a filed a Form 190-T for this year? If Yes," provide an explesiation in Schedule O. 3c If Yes, a file and the arm of the foreign country level as a bank account, securities account, or other financial account in a foreign country level as a bank account, securities account, or other financial account in a foreign country level as a bank account, securities account, or other financial account in a foreign country level as a bank account, securities account, or other financial account in a foreign country level as a bank account, securities account or other authorities. 3a X X if Yes, a file is the file of the file of the securities account in the file of the file of the securities account in the file of	С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
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benefit contract? f Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? f For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? f Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? f Sponsoring organizations maintaining donor advised funds. g Did the organization make any taxable distributions under section 4966? g Did the organization make any taxable distributions under section 4966? g Did the organization make a distribution to a donor, donor advisor, or related person? g Section 501(c)(7) organizations. Enter influation fees and capital contributions included on Part VIII, line 12 g Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities g Gross income from members or shareholders g Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) g Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		·			7c		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	20	· · · · · · · · · · · · · · · · · · ·			42-		
			1		ı∠a		
			120		Form	990	(2009)

Part VI

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

	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or	changes in		
<u> </u>	Schedule O. See instructions.			
<u>Sec</u>	tion A. Governing Body and Management			
4-	Enter the number of voting members of the governing body		Yes	_No
1a b	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 18	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customanly performed by or under the direct	-		
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the pnor Form 990 was filed?	4	<u></u>	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	x	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	· · · · · ·		
	enue Code)_			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	_11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		<u> </u>
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ IL			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_	organization ▶ LAIMA PETROLIUNAS 14911 WEST 127TH STREET	coo		
LF	MONT IL 60439	630-25	7-1	616

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Form 990 (2009)

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any current officer, director, or trustee (F) (C) (E) (A) (B) (D) Reportable Name and Title Average Position (check all that apply) Reportable Estimated compensation hours per compensation amount of Institutional from related from other organizations compensation employee (W-2/1099-MISC) organization from the compe (W-2/1099-MISC) organization trustee trustee and related organizations VIOLETA GEDGAUDIENE 5.00 X 0 0 DIRECTOR 0 VYTAUTAS KAMANTAS X 5.00 0 0 DIRECTOR VYTENIS KIRVELAITIS X 0 DIRECTOR 5.00 0 0 RITA KISIELIUS DIRECTOR 5.00 X 0 0 0 DAINA KOJELIS 5.00 X 0 0 DIRECTOR 0 ALMIS KUOLAS 5.00 0 DIRECTOR X 0 0 SAULIUS KUPRYS 5.00 X 0 DIRECTOR 0 0 TADAS MICKUS 5.00 X 0 0 DIRECTOR 0 LAURYNAS MISEVICIUS 0 0 DIRECTOR 5.00 X 0 VYTAS NARUTIS DIRECTOR 5.00 X 0 0 0 ALGIRDAS SAULIS 5.00 X 0 DIRECTOR 0 0 ARVYDAS TAMULIS 5.00 X 0 0 0 DIRECTOR NARIMANTAS UDRYS 5.00 DIRECTOR X 0 0 0 DALIUS VASYS 5.00 X 0 0 DIRECTOR 0 RIMAS GRISKELIS 0 BOARD CHAIRMAN 5.00 X 0 0 MARIUS KASNIUNAS PRESIDENT 5.00 X 0 0 0 VALDAS AUSRA VICE PRESIDENT 5.00 0 0 0

Part VII Section A. Officers,	Directors, Trus	tees	, Ke	y En	plo	ees,	and	d Highest Compensated E	mployees (continued)			
(A) Name and Title	(B) (C) (D) (E) Average Position (check all that apply) Reportable Reportable							(F) Estimated				
	hours per week	Individual trustee or director	_	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	col	amount of other impensation from the rganization and related ganizations)
RAMUNAS ASTRAUSKA TREASURER	S 5.00			x				0	0			0
AGNE VERTELKAITE SECRETARY	5.00			x				0	0			0
ALEXANDER RIMAS I	OMANSKIS					\vdash	-					
CORPORATE SECRETARY SIGITA BALZEKAS	5.00			X	┝	_		0	0			0
OFFICER AT LARGE	5.00	_	_	x	_			0	0			0
SAULIUS CYVAS OFFICER AT LARGE	5.00			x				0	o	ĺ		0
LAIMA PETROLIUNAS												
OFFICER AT LARGE JONAS STASKUS	5.00	\vdash	-	X	\vdash	├	-	0	0	 		0
OFFICER	5.00	_		x		_		0	0			0
						_						
1b Total							<u> </u>					
Total number of individuals (inc reportable compensation from t			to th	ose	listed	abo	ve)	who received more than \$1	00,000 in	·		
3 Did the organization list any for	mer officer, direc	tor o	r tru:	stee.	key	emp	loye	e, or highest compensated		٢	Ye	s No
employee on line 1a? If "Yes," (4 For any individual listed on line	complete Schedu	le J t	for su	uch i	ndıvı	dual			n	-	3	X
the organization and related organization											4	x
5 Did any person listed on line 1a services rendered to the organi											5	x
Section B. Independent Contracto		براتاب	,icto		<u>, aan</u>	. 0 10	, <u>ou</u>	or person				
Complete this table for your five compensation from the organization.		sate	d inc	depe	nder	t cor	ntrac	tors that received more than	n \$100,000 of	_		
Name and	(A) business address						L.	Descript	(B) on of services		(C Comper) isation
	-											
		-										
											_	
											-	
2 Total number of independent of		-				to th	ose	listed above) who received				
more than \$100,000 in compen	sation from the o	rgan	zatio	on ▶	•					<u> </u>	0 Form 9 9	90 (2009)

	rt V	III Statem	ent of Rever	nue			30-0110312		Page 9
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ম ম	1a	Federated cam	paigns	1a					
Contributions, gifts, grants and other similar amounts		Membership du	ī	1b					
B	C	Fundraising eve	ents	1c			1		
뚩		Related organiz		1d			ļ		İ
S,E		Government grants (d	1	1e	56,242	i	İ		
i s	f	All other contributions	, gifts, grants,						
		and similar amounts (not included above	1f	266,568				
E D	a	Noncash contributions	included in lines 1a-1i	\$					1
် နှ	_	Total. Add lines			▶ Ì	322,810			
<u>e</u>					Busn. Code				
Program Service Revenue	2a								
8	b								T -
<u>.8</u>	c								
Ş	d								
ε	e								
	f	All other progra	m service reveni	ıe					
풀		Total. Add lines			▶				
\neg	3	Investment inco	me (including di	vidends,	interest, and				
		other similar an	. •		▶	344,269	344,269		
İ	4		vestment of tax-e	xempt bo	ond proceeds	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		
	5	Royalties		•	▶				
	-	ĺ	(ı) Real		(II) Personal				
	6a	Gross Rents	21,	807					
- 1	b	Less rental exps		346					
	c	Rental inc or (loss)	15,						
1	d	Net rental incor	,,,,			15,461			15,461
ł	7a	Gross amount from	(i) Securities		(II) Other				
l		sales of assets other than inventory	7,892,	937	'				
	b	Less. cost or other							
		basis & sales exps	8,874,	854					
	C	Gain or (loss)	-981,	917					
i	d	Net gain or (los	s)		>	-981,917			-981,917
			n fundraising event	s [
/enue		(not including \$	•						
š		of contributions re	ported on line 1c)						
Other Rev		See Part IV, line 1		a					
훒	b	Less direct exp	enses	ь					
٥	С	Net income or (loss) from fundra	ising eve	ents				
[Gross income from		Γ-					
		See Part IV, line 1	9	a					
	b	Less direct exp	enses	b 🗌					
	С	Net income or (loss) from gamin	g activitie	es 🕨				
1	10a	Gross sales of	inventory, less						
		returns and allo	wances	a					
	b	Less cost of go	ods sold	ь 🗌					
L			loss) from sales	of invento	ory				
			llaneous Revenue		Busn. Code				
ſ	11a	SOCIAL EVI	ent			5,578	5,578		
	b								
	c								
- 1	d	All other revenu	е						
	е	Total. Add lines	: 11a–11d		•	5,578			
			See instructions			-293,799	349,847		966,456

Form 990 (2009)

Part IX Statement of Functional Expenses

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

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
-	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21	280,583	280,583						
2	Grants and other assistance to individuals in								
	the U.S. See Part IV, line 22	24,635	24,635						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	U.S. See Part IV, lines 15 and 16	77,257	77,257						
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)								
7	Other salanes and wages	66,853	23,398	18,051	25,404				
8	Pension plan contributions (include section 401(k)								
•	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes	6,574	2,301	1,775	2,498				
11	Fees for services (non-employees)	9/5/-							
а.,	Management		ļ						
b	Legal			-					
-	Accounting	9,900		9,900	 				
4	Lobbying	3,7300	·	3,300	·				
٥	Professional fundraising services See Part IV, line 17		·· <u>-</u>	——————————————————————————————————————					
•	Investment management fees	75,760		75,760					
'	Other	2,488		1,157	1 331				
g 12	Advertising and promotion	5,743			1,331 5,743				
13	Office expenses	2,141		2,141					
	·	584		584					
14	Information technology	304		301					
15	Royalties	13,800	4,830	3,726	5,244				
16	Occupancy	13,800	4,630	3,720	J,211				
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	1 071	120	071					
19	Conferences, conventions, and meetings	1,071	139	871	61				
20	Interest								
21	Payments to affiliates	010	003	210	300				
22	Depreciation, depletion, and amortization	810	283	219	308				
23	Insurance	2,203		2,203					
_	A								
24	·		ļ						
	covered above (Expenses grouped together								
	and labeled miscellaneous may not exceed								
	5% of total expenses shown on line 25 below)	0.701	6 005	2 406					
a	PRINTING AND PUBLICATIONS	9,781	6,285	3,496					
b	AUDIT	7,000		7,000					
C	HOLIDAY MEMBER PROMOTION	2,985			2,985				
d	EQUIPMENT RENTAL	2,917	1,021	787	1,109				
е	TELEPHONE	1,932	676	522	734				
f	All other expenses	100	100						
25	Total functional expenses. Add lines 1 through 24f	595,117	421,508	128,192	45,417				
26		İ							
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs								
	from a combined educational campaign and								
	fundraising solicitation								
DAA					Form 990 (2009)				

		(2009) LITHUANIAN FOUNDATION,	INC	36	-6118312		Page 11
<u>Pa</u>	rt X	(Balance Sheet					
					(A)		(B)
				 _	Beginning of year		End of year
i	1	Cash—non-interest bearing		l		_1_	
	2	Savings and temporary cash investments			2,695,252	_2_	1,223,251
1	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
İ	5	Receivables from current and former officers, directors, tri		,			
- 1		employees, and highest compensated employees Comple	te Par	t II of			
		Schedule L				5	
ĺ	6	Receivables from other disqualified persons (as defined un				ì	
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(B) Com	plete			İ
اير		Part II of Schedule L				6	
ᇶᅵ	7	Notes and loans receivable, net				7	1,085,917
Assets	8	Inventories for sale or use				8	
1	9	Prepaid expenses and deferred charges	1	r	344	9	344
	10a	Land, buildings, and equipment cost or					
i		other basis Complete Part VI of Schedule D	10a	510,348	440.000		
	þ	Less accumulated depreciation	10b	60,777	449,206		449,571
	11	Investments—publicly traded securities			8,914,420	_11	10,471,959
- 1	12	Investments—other secunties See Part IV, line 11				12	
į.	13	Investments—program-related See Part IV, line 11				_13	
	14	Intangible assets			1 000	14	
- 1	15	Other assets See Part IV, line 11			1,000	15	1,000
\rightarrow	16	Total assets. Add lines 1 through 15 (must equal line 34)			12,060,222	16	13,232,042
1	17	Accounts payable and accrued expenses			16,130	17	9,904
	18	Grants payable			434,401	18	300,578
	19	Deferred revenue			=	19	
- 1	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV of S		le D		21	
	22	Payables to current and former officers, directors, trustees	-				
Liabilities		employees, highest compensated employees, and disqual	med				İ
		persons Complete Part II of Schedule L		ŀ		22	
	23	Secured mortgages and notes payable to unrelated third p		}		23	
1	24 	Unsecured notes and loans payable to unrelated third part	ies	}		24	<u> </u>
- 1	25	Other liabilities Complete Part X of Schedule D		i	450,531	25	310,482
\neg	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ X	1	····	450,531	26	310,482
Ses			and				
ᇎ.	~~	complete lines 27 through 29, and lines 33 and 34.			11,609,691		12,921,560
<u> </u>	27 20	Unrestricted net assets		}	11,009,091	27	12,921,560
	28	Temporarily restricted net assets		28			
Ĕ '	29	Permanently restricted net assets Organizations that do not follow SFAS 117, check here	. . . r	۱ ا		29	
正		and complete lines 30 through 34.		_			
ō	20					20	
\$ S	30 24	Capital stock or trust principal, or current funds	und	ŀ	-	30	
SS	31 22	Paid-in or capital surplus, or land, building, or equipment fi		nda		31	
~	32	Retained earnings, endowment, accumulated income, or of	uler 10	uus	11,609,691	32 33	12,921,560
Se l	33 24	Total liabilities and not assets/fixed balances		}	12,060,222		13,232,042
تلت	<u>34_</u>	Total liabilities and net assets/fund balances			12,000,222	34	13,232,042

Form	990 (2009) LITHUANIAN FOUNDATION, INC 36-6118312		Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
þ	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	Į.		
	issued on a consolidated basis, separate basis, or both	ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	1		
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		L

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► See separate instructions.

OMB No 1545-0047

Open to Public

Name of the organization Employer identification number LITHUANIAN FOUNDATION, INC 36-6118312 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h | Type II c Type III–Functionally integrated Type III-Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (III) Type of organization (iv) is the organization (v) Did you notify (vi) is the (vii) Amount of organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support col. (i) of your (i) organized in the above or IRC section governing document? support? US? (see instructions)) Yes Yes No Yes No Total

Sche		HUANIAN F				-6118312	Page 2
Pa	irt II Support Schedule for Oi				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
	(Complete only if you che	cked the box o	n line 5, 7, or t	8 of Part I)			
	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	314,728	246,699	1,753,262	643,945	322,810	3,281,444
2	Tax revenues levied for the organization'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	314,728	246,699	1,753,262	643,945	322,810	3,281,444
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						3,281,444
Sec	tion B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	314,728	246,699	1,753,262	643,945	322,810	3,281,444
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,191,611	1,481,164	499,120	366,076	3,537,971
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10 11	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. Add lines 7 through 10	91,375	26,682		613	5,578	124,248 6,943,663
12	Gross receipts from related activities, etc. (s	see instructions)				12	386,884
13	First five years. If the Form 990 is for the	•	second third fourth	or fifth tay year a	e a coction 501(c)/3		300,004
13	organization, check this box and stop here	• ,	second, tima, loaitii	, or murriax year as	s a section son(c)(c	"	▶ □
Sec	tion C. Computation of Public Su		ide				
14	Public support percentage for 2009 (line 6,		-	<u></u>		14	47.26%
15	Public support percentage from 2008 Scheo	• • •	•	'''		15	%
16a	33 1/3 % support test—2009. If the organic			and line 14 is 33	1/3 % or more che		
	and stop here. The organization qualifies a			, and in a 17 10 00	170 70 01 more, Gile	OK (IIIO DOX	▶ X
b	33 1/3 % support test—2008. If the organiz		•	r 16a, and line 15 ii	s 33 1/3 % or more	check this	ر
_	box and stop here. The organization qualific					, 5.155.1 2.15	▶ □
17a	10%-facts-and-circumstances test—2009				or 16b, and line 14	ıs 10% or	· U
	more, and if the organization meets the "fac	•					
	organization meets the "facts-and-circumsta			•	•		▶ □
b	10%-facts-and-circumstances test—2008	_			_	e 15 is 10% or	, U
-	more, and if the organization meets the "fac						
18	organization meets the "facts-and-circumsta Private foundation. If the organization did	nces" test The orga	anization qualifies a	as a publicly suppo	rted organization		

Schedule A (Form 990 or 990-EZ) 2009 LITHUANIAN FOUNDATION, 36-6118312 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 72 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (b) 2006 (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business 11 activities not included in line 10b, whether or not the business is regularly carned on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 17 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 33 1/3 % support tests-2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and

line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009 LITHUANIAN FOUNDATION, INC

36-6118312

Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

124,248

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number LITHUANIAN FOUNDATION, INC 36-6118312 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified histonic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

		FOUNDATION,	INC	36-61		Page 2
	rt III Organizations Maintaining C					continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check ar	ny of the following t	hat are a significant i	use of its	
а	Public exhibition	d Loan or	exchange program	S		
b	Scholarly research	e Other				
C	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	tions and explain how they	further the organiz	ation's exempt purpo	se in	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be					☐ Yes ☐ No
Pa	rt IV Escrow and Custodial Arran				Yes" to Form 99	
	IV, line 9, or reported an amo	-	•			-,
1a	Is the organization an agent, trustee, custodian of			assets not		
	included on Form 990, Part X?			2000.0 1101		Yes No
h	If "Yes," explain the arrangement in Part XIV and	I complete the following tak	nie			
	7 105, explain the analogement in Fait XIV and	on piece are renowing ter	ЛС			Amount
_	Pogungua holongo				40	7 Unicarit
C	Beginning balance				1c 1d	
a	Additions during the year					
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on Form	990, Part X, line 217				☐ Yes ☐ No
_	If "Yes," explain the arrangement in Part XIV	••	1 //2 // 12 //		87.1	
Pa	rt V Endowment Funds. Complet					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
C	Net investment earnings, gains,			ĺ	į	
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
а	End of year balance					
2	Provide the estimated percentage of the year en	d balance held as				
a	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %	"				
	Term endowment ▶ %					
	Are there endowment funds not in the possessio	n of the omanization that a	ure held and admini	stared for the		
Ja	organization by	it of the organization that a	ire riela aria adrilliri	stered for the		Yes No
	(i) unrelated organizations					3a(i)
	···					
_	(ii) related organizations	and an annual an Cabadul	- D2			3a(ii)
	If "Yes" to 3a(ii), are the related organizations list	•				3b
<u>4</u>	Describe in Part XIV the intended uses of the on			Dort V. line 10		
Pa	rt VI Investments—Land, Building					
	Description of investment	(a) Cost or other basis	(b) Cost or oth	1 ''	cumulated	(d) Book value
		(investment)	basis (other	, depr	eciation	445 001
	Land	445,901				445,901
	Buildings					
C	Leasehold improvements			,204	7,534	3,670
d	Equipment		53	,243	53,243	
	Other		l			
Total	. Add lines 1a through 1e (Column (d) must equa	il Form 990, Part X, columi	n (B), line 10(c))			449,571

Schedule D (F	orm 990) 2009	LITHUANIAN	FOUNDATION,	INC	36-6118312	Page 3
Part VII	Investments	-Other Securities	s. See Form 990	Part X, line 12.		
		ption of security or category		(b) Book value	(c) Method of	
	(ınclu	iding name of security)			Cost or end-of-yea	ar market value
Financial denv	atives					
Closely-held e	quity interests					
Other						
				- <u></u> -		
						· · · · · · · · · · · · · · · · · · ·
						
		orm 990, Part X, col (B)				
Part VIII		S-Program Relate	d. See Form 990			
	(a) Desc	cription of investment type		(b) Book value	(c) Method of	
					Cost or end-of-year	ar market value
						·
						
			·			
		 -				
		 ·				
						
						
						
				 -		
Total (Column	. (h) must squal E	iom 000 Port V and (P)	line 13) •			
Part IX	Other Asset	form 990, Part X, col (B) ts. See Form 990,	Part Y line 15		<u> </u>	
<u> </u>	Ouler Asset	B. Occ Tolli 550,	(a) Description	······································	· · · · · · · · · · · · · · · · · · ·	(b) Book value
			(4) 500-17-1011			(b) book take
						
						
						
		,				
			· · · · · · · · · · · · · · · · · · ·			

Total, (Column	n (b) must equal F	orm 990, Part X, col_(B)	line 15)			
Part X		lities. See Form 99				
1		Description of liability		(b) Amount		
Federal income	e taxes					
					7	
Total. (Column	n (b) must equal F	orm 990, Part X, col (B)	line 25)			
		/ provide the text of the		ation's financial statemen	nts that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 LITHUANIAN FOUNDATION, INC		36-6118312	2	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Financial Stateme	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	-293,799
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	595,117
3	Excess or (deficit) for the year Subtract line 2 from line 1		ļ	3	-888,916
4	Net unrealized gains (losses) on investments			4	2,199,975
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Pnor penod adjustments			7	
8	Other (Describe in Part XIV)		ł	8	810
9	Total adjustments (net) Add lines 4 through 8			9	2,200,785
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	4 . 100	41. B	10	1,311,869
	rt XII Reconciliation of Revenue per Audited Financial Statemen	its Wi	tn Revenue per Retu		2 021 476
1	Total revenue, gains, and other support per audited financial statements			_1	2,931,476
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 - 1	2 100 075		
a	Net unrealized gains on investments	2a	2,199,975		
þ	Donated services and use of facilities	2b			
C	Recovenes of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			2 100 075
e	Add lines 2a through 2d			2e	2,199,975 731,501
3	Subtract line 2e from line 1	1 1		3	/31,301
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-1,025,300		
b	Other (Describe in Part XIV) Add lines 4a and 4b	4b	-1,023,300	امدا	-1,025,300
C E	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			4c	-293,799
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nte V	lith Eynenses ner R		
1	Total expenses and losses per audited financial statements	,11W V	Titil Expenses per It	1	1,619,607
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			•	
- a	Donated services and use of facilities	2a			
b	Pnor year adjustments	2b			
c	Other losses	2c			
ď	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	1,619,607
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-1,024,490		
С	Add lines 4a and 4b			4c	-1,024,490
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	595,117
Pa	rt XIV Supplemental Information				<u> </u>
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	4, Part IV, lines 1b		
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	2d and	4b Also complete		
this p	art to provide any additional information				
_P	RT XI, LINE 8 - RECONCILATION OF CHANGES -	<u>OTH</u>	<u>er</u>		
_RI	ALIZED LOSSES ON INVESTMENTS		\$		<u>981,917</u>
_RI	NT EXPENSE		\$		_ <u>6,346</u>
_s	CIAL EVENTS EXPENSE	- -	\$		_3 <u>7,037</u>
_R	CALIZED LOSSES ON INVESTMENTS		\$		- <u>9</u> 8 <u>1</u> , <u>9</u> 1 <u>7</u>
	NT EXPENSE		\$		6,346
_ហ្	REALIZED GAINS ON INVESTMENTS		\$		<u>0</u>

Schedule D (Form 990) 2009 LITHUANIAN FOUNDATION, Part XIV Supplemental Information (continued)	INC 36-6118312 Page 5
SOCIAL EVENT EXPENSES	\$ -37,037
BOOK / TAX DEPRECIATION DIFFERENCE	
PART XII, LINE 4B - REVENUE AMOUNTS IN	ICLUDED ON RETURN - OTHER
_REALIZED_LOSSES_ON_INVESTMENTS	\$ <u>981</u> , <u>917</u>
_RENT_EXPENSE	\$ -6 , <u>346</u>
_SOCIAL EVENTS_EXPENSE	<u> \$ 37,037</u>
PART XIII, LINE 4B - EXPENSE AMOUNTS 1	NCLUDED ON RETURN - OTHER
_REALIZED_LOSSES_ON_INVESTMENTS	\$ <u>981</u> , <u>917</u>
_RENT EXPENSE	<u> </u>
_UNREALIZED GAINS ON INVESTMENTS	\$
_SOCIAL EVENT EXPENSES	<u>-37,037</u>
BOOK / TAX DEPRECIATION DIFFERENCE	<u>\$</u> <u>810</u>
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Schedule F (Form 990)

Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 2009

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITHUANIAN FOUNDATION, INC

Employer identification number 36-6118312

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Yes No

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures fo region
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Page 2	ared "Yes" to Form 990, ,000 ► □	(h) Description (l) Method of of non-cash valuation assistance (book, FMV, annersal other)	(constant de la cons										
	organization answi ived more than \$5	(g) Amount of non-cash assistance					:						
	complete if the secontine	(f) Manner of cash disbursement	CHECK	CHECK	CHECK	CHECK							
36-6118312	United States. C	(e) Amount of cash grant	22,951	17,200	14,000	15,000							
ION, INC	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990 Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ [Use Schedule F-1 (Form 990) if additional space is needed.	(d) Purpose of grant	SCHOLARSHIP	SCHOLARSHIP ICA	COMMUNITY ACTIVITIES	HIGH SCHOOL MAINT							
N FOUNDATION,	ice to Organiza pient who recei 30) if additional	(c) Region	LITHUANIA	SOUTH AMERICA	LITHUANIA	GERMANY							
LITHUANIAN	Other Assistar 15, for any reci ile F-1 (Form 99	(b) IRS code section and EiN (if applicable)									į		
F (For	Part II Grants and Part IV, line Use Schedu	1 (a) Name of organization											

2 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 entitles က

Schedule F (Form 990) 2009

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Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Use Schedule F-1 (Form 990) if additional space is needed. 36-6118312 LITHUANIAN FOUNDATION, INC Schedule F (Form 990) 2009

Part III Grants and

(e) Manner of

(b) Region
;

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 LITHUANIAN FOUNDATION, INC

36-6118312

Page 4

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Servoe

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

2009 Open to Publi Inspection

OMB No 1545-0047

Name of the organization					Employer	Employer identification number	ier	
LITHUANIAN FOUNDATION,	ON, INC				36-61	36-6118312		
Part I General Information on Grants and Assistance	Assistance							
	amount of the grar	is or assis	tance, the grantees' elig	ibility for the grants or	assistance, and		X Ves	2
E agus	oring the use of gra	nt funds in	grant funds in the United States.		1			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	vernments and scipient that rec	l Organi eived m	izations in the Uni ore than \$5,000. כ	ited States. Comp Check this box if n	olete if the orga o one recipient	inization answireceived more	and Organizations in the United States. Complete if the organization answered "Yes" to received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	
4 (a) Name and address of parameters		space is needed	eeded	1 -				
(a) Name and address of organization or government	(a)	section f applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(t) Memod of vatuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CAMP DAINAVA								
MANCHESTER			10,000				CAPTIAL IMPROVEMENTS	S I S
FOUNDATION OF LITHUANIA MINOR							0.001	İ
NAPERVILLE			000'6				PUBLICATIONS	
LAC CULTURAL COUNCIL							CULTURAL ACTIVITIES	ဖြ
			12,000					
LITHUANIAN CATHOLIC PRESS							PATENSPAPER	
CHICAGO			10,000					
LITHUANIAN CENTER							YOUTH CENTER	
RIVERSIDE			7,000					
EDUCATIONAL							HERITAGE SCHOOLS	
NEW BEFORD			85,900					
LITHUANIAN HUMAN SERVICES			7				SENIOR CITIZENS C'	CTR
NIAN RESEARCH & S			000'/					
AURORA			19,000				PRESERVATIONS	
LITHUANIAN SCOUT ASSOCIATION								
ATDVANDOTA			0				WORKSHOPS	
AA AAAAAAAA			9,000					
2 Enter total number of section 501(c)(3) and government organizations	ganizations	,					•	

3 Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA

Schedule I (Form 990) 2009

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OSE L'AIT AIT SCHEUNE I-1 (L'OITH 990) IL AUGINOTAL SPACE IS NEEDEC	(101111 990) II AUUIIIOI	al space is needed.			
(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 non-cash assistance
SCHOLARSHIPS	37	24,635			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the information	required in Part I, li	ne 2, and any other addition	nal information.
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SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Open to Public Inspection 2009

OMB No 1545-0047

Name of the organization LITHUANIAN FOUNDATION		UNI				Emj	Employer identification number
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to	Governments a	ind Organization	is in the United	States (Sched	lule I (Form 990).	Part II.)
(a) Name and address of organization or government	(p) EIN	(c) IRC Code 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 WORLD CENTER LEMONT ILEMONT			15,000			;	SCHOOL CLASSBOOMS
LITHUANIAN WORLD COMMUNITY ———————————————————————————————————			23,250				LITHUANIAN STUDIES
LITHUANIAN - AMERICAN COMMUNITY			35,000				INTERNSHIPS
					-		
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ns for Form 990.					Schedule L1 (Form 990) 2009

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Page 2	(f) Description of non-cash assistance										Schedule L1 (Form 990) 2009
OO) Dart III)	(e) Method of valuation (book, FMV, appraisal, other)										
18312 es (Schedule I (Form 0	(d) Amount of non-cash assistance										
36-61	(c) Amount of cash grant										
UNDATION, INC	(b) Number of recipients										
Schedule H. (Form 990) 2009 LITHUANIAN FOUNDATION, INC 36-6118312 Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990)) Part III)	(a) Type of grant or assistance										

SCHEDULE O

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LITHUANIAN FOUNDATION, INC

Employer identification number 36-6118312

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE ORGANIZATION HAS MEMBERS WHICH MAY ELECT MEMBERS OF THE GOVERNING

BOARD.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO ITS FILING.
ADJUSTMENTS ARE MADE AS NECESSARY BASED ON THE BOARD'S REVEIW.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
OFFICERS, DIRECTORS AND EMPLOYEES ARE REQUIRED TO SUBMIT A DISCLOSURE FORM
ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE GOVERNING DOCUMENTS, PROCEDURES AND POLICIES AND FINANCIAL STATEMENTS
ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

Form 990			Opco.c	II FACIIM	Schedu	IC			
									2009
	Fo	or calendar year 2009, or ta	x year beginnin	ng		, and e	nding		<u> </u>
ime								Employer I	dentification Number
LITHUANIA	AN FOU	NDATION, INC						36-611	18312
		(A)	(B)		(C)		Others		Total
Gross receipts		42,615		<u> </u>		0		0	42,615
Less contribution	ns	0		0	_			<u> </u>	(
Gross revenue		42,615		0		0		0	42,615
Less direct expe	enses	<u> 37,037</u>			<u> </u>	0		0	37,037
Net income (loss)		5,578		0		0		0	5,578
	C)	***************************************			_				
C	Others				_				
					_ _ _				
					_				

Totals

Forms 990 / 990		Oth	ner Notes an	d Loans Recei	Loans Receivable						
9907990		for calendar year 2009, o	r tay year healinning		, and ending						
L Name		or calendar year 2009, o	i tax year beginning		, and ending	Employer Id	entification Number				
<u>LITHUANI</u>	AN FOUNI	DATION, INC				36-611	8312				
FORM 990), PART 1	K, LINE 7	ADDITIONAL	INFORMATIO	N						
	Name	e of borrower			Relationship to dis	aualified neme	•				
(1) LITHUA		RLD CENTER			Relationship to dis	qualified persor					
(2)											
(6)					······································						
			<u> </u>								
			_								
											
						 -					
(8) (9)			<u>-</u>								
(10)											
Opon	al amount		Matunty				Interest				
bon	rowed	Date of loan	date		Repayment terms		rate				
	100,000	02/10/09	02/10/39	MONTHLY	PAYMENTS		4.750				
(2)				<u> </u>							
			-								
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(0)				 							
(7)											
(8)											
(9)											
(10)			<u> </u>								
				1							
	Secunty p	provided by borrower			Purpose o	of loan					
(1) LAND F		OVEMENTS									
(2)											
(3)											
(4)											
(5)			···								
(6) (7)											
(8)			 -								
(9)											
(10)											
											
	Consideration fu	ımıshed by lender		Balance due at beginning of year	Balance due a end of year		air market value (990-PF only)				
(1)					1,085,	917					
(2)					 						
(3)					 						
(4) (5)			_		 	- -					
(6)											
(7)											
(8)											
(9)											
(10)					1	j					

1,085,917

4/1/2010 9:01 AM 1,331 1,331 Fund Raising Fund Raising Ś 1,157 1,157 Management & Management & General General Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee) Form 990, Part IX, Line 24f - All Other Expenses 100 100 Program Service Program Service Federal Statements ሪን 2,488 2,488 100 100 Expenses Expenses Total Total ‹ጉ LITHFOUND LITHUANIAN FOUNDATION, INC GRANT MAKING EXPENSES - A Description Description FYE: 12/31/2009 TOTAL TOTAL 36-6118312