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Short Form 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)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization		D Employer identification number	
		THE U.S.-BAL TIC FOUNDATION		52-1667906	
		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
		1701 K STREET NW		903	(202) 393-3338
City or town, state or country, and ZIP + 4		F Group Exemption Number			
WASHINGTON, DC 20006					

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). **G Accounting method** Cash Accrual Other (specify) ▶

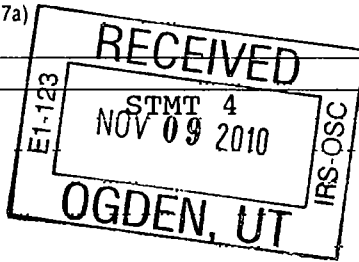
I Website: ▶ WWW.USBAL TIC.ORG **H Check** if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527
K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 284,511.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue 2009 NOV 30 2010 SCANNED	1	Contributions, gifts, grants, and similar amounts received	1	55,636.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5,072.
	5a	Gross amount from sale of assets other than inventory	5a	149,973.
	5b	Less cost or other basis and sales expenses	5b	211,137.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	<61,164.>
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 19,064. of contributions reported on line 1)	6a	73,830.
	6b	Less direct expenses other than fundraising expenses	6b	73,830.
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	<456.>
	Expenses	10	Grants and similar amounts paid (attach schedule)	10
11		Benefits paid to or for members	11	
12		Salaries, other compensation, and employee benefits	12	31,164.
13		Professional fees and other payments to independent contractors	13	1,156.
14		Occupancy, rent, utilities, and maintenance	14	17,777.
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe ▶ SEE STATEMENT 1)	16	9,167.
17		Total expenses. Add lines 10 through 16	17	63,094.
Net Assets		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	160,479.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	81,721.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	178,650.



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	160,479.	178,650.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	160,479.	178,650.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	160,479.	178,650.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		0.
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed	NONE	
42a	The organization's books are in care of	THE FOUNDATION Telephone no 202-785-5056	
	Located at	1701 K STREET NW, SUITE 903, WASHINGTON, DC ZIP +4 20006	
42b	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)?	Yes	No
	If "Yes," enter the name of the foreign country		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
	If "Yes," enter the name of the foreign country		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- | | | Yes | No |
|---|-----|-----|----|
| 46 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 | 46 | | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | X |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | X |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

- f Total number of other employees paid over \$100,000 ▶ _____
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

- d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here 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.

Signature of Officer: *[Signature]* Date: *11/5/10*

Type or print name and title: *G. A. RAMONAS Treasurer*

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: *10/14/10* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **RENNER AND COMPANY, CPA, P.C.**
700 NORTH FAIRFAX ST, SUITE 400
ALEXANDRIA, VIRGINIA 22314

EIN: _____ Phone no: **703-535-1200**

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization **THE U.S.-BAL TIC FOUNDATION** Employer identification number **52-1667906**

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.)

- 1 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).**
- 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 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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.)
- 9 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.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e 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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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.")	734,652.	371,776.	185,582.	251,655.	129,466.	1673131.
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	734,652.	371,776.	185,582.	251,655.	129,466.	1673131.
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)						487,888.
6 Public support. Subtract line 5 from line 4						1185243.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	734,652.	371,776.	185,582.	251,655.	129,466.	1673131.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,756.	20,793.	20,091.	8,310.	5,072.	60,022.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						1733153.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	68.39 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	71.79 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (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	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a 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						
c Add lines 10a and 10b						
11 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AMERICAN BAL TIC CELEB	(event type)	(event type)	
	1	Gross receipts	92,894.		92,894.
	2	Less: Charitable contributions	19,064.		19,064.
	3	Gross income (line 1 minus line 2)	73,830.		73,830.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	73,830.		
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Combine line 3, column (d), and line 10				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
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?

15a

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c 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:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- 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 ▶ \$ _____

17a

	Yes	No

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
BANK FEES	2,916.
TELEPHONE	1,191.
MISCELLANEOUS	333.
PAYROLL TAXES	3,128.
EXPENSE REIMBURSEMENTS	1,599.
TOTAL TO FORM 990-EZ, LINE 16	9,167.

FORM 990-EZ GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF INVESTMENTS	149,973.	211,137.	0.	<61,164.>
TO FORM 990-EZ, LINE 5	149,973.	211,137.	0.	<61,164.>

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
NET UNREALIZED GAIN ON INVESTMENTS	81,721.
TOTAL TO FORM 990-EZ, LINE 20	81,721.

FORM 990-EZ

CASH GRANTS AND ALLOCATIONS

STATEMENT 4

<u>CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS</u>	<u>GRANTEE'S RELATIONSHIP</u>	<u>AMOUNT</u>
GENERAL DONATION VYTAUTO LADSBERGIO FONDO A. MICKIEWICZA STREET 29, LT 08117 , VILNIUS, LITHUANIA	NONE	500.
PUBLIC POLICY FORUM CENTER FOR PUBLIC POLICY PROVIDUS ALBERTA ST. 13, 6TH FLOOR, LV-1010 , RIGA, LATVIA	NONE	2,800.
CONTEMPORARY OPERA FESTIVA PUBLIC INSTITUTION OPEROMANIJA	NONE	105.
CONTEMPORARY OPERA FESTIVA PUBLIC INSTITUTION OPEROMANIJA	NONE	425.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>3,830.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
MARIA KIVISILD OGRYDZIAK, 1701 K STREET, NW, WASHINGTON, DC 20006	CHAIRMAN 2.00	0.	0.	0.
HAMID LADJEVARDI, 1701 K STREET, NW, WASHINGTON, DC 20006	CO-CHAIRMAN BALTICS 2.00	0.	0.	0.
KRISTA BARD, 1701 K STREET, NW, WASHINGTON, DC 20006	SECRETARY 2.00	0.	0.	0.
GEORGE RAMONAS, 1701 K STREET, NW, WASHINGTON, DC 20006	TREASURER 2.00	0.	0.	0.
WILLIAM ALTMAN, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
WALTER ANDRUSYSZYN, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
SAUL ANUNZIS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
RON ASMUS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
JULIA K. BAILEY, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
KRISTA BARD, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
AMB. BRIAN E. CARLSON, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
DENNIS GARRISON, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
AUDREY GRUSS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
ERIC HARKNA, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.

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LINAS J. KOJELIS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
JONATHAN LACK, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
DAVID LASKY, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
ASTRA MICHELS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
EDWARD A. MICKUS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
EGILS MILBERGS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
JEFF NELSON, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
ROBERT NURICK, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
AHMET OREN, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
CYNTHIA PASKY, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
VALDIS PAVLOVSKIS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
DR. JOHN PRUNSKIS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
DON REPICI, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
C. JAMES SCHAEFER IV, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
AMB. INTS SILINS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
DR. SIIM SOOT, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.
DANGUOLE SPAKEVICIUS, 1701 K STREET, NW, WASHINGTON, DC 20006	DIRECTOR 1.00	0.	0.	0.

THE U.S.-BAL TIC FOUNDATION

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AMB. JAMES W. SWIHART, 1701 K STREET, NW, WASHINGTON, DC 20006

DIRECTOR
1.00

0. 0. 0.

JAAK TREIMAN, 1701 K STREET, NW, WASHINGTON, DC 20006

DIRECTOR
1.00

0. 0. 0.

AMB. MELISSA WELLS, 1701 K STREET, NW, WASHINGTON, DC 20006

DIRECTOR
1.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990-EZ, PART IV

0. 0. 0.

THE BAL TIC GOOD GOVERNANCE INITIATIVE (BGGI) PROVIDES GRANTS TO ORGANIZATIONS WHOSE MISSION AND EVENTS PROMOTE GOOD GOVERNANCE AND CIVIL SOCIETY IN ESTONIA, LATVIA AND LITHUANIA.

THE AMBASSADOR COUNCIL SPEAKERS SERIES HOSTS PUBLIC AFFAIRS EVENTS AND PROGRAMS FEATURING PROMINENT GOVERNMENT AND PRIVATE SECTOR LEADERS FROM THE BALTICS AND THE U.S. THE SERIES ENCOURAGES GREATER INTEGRATION, COOPERATION AND INVESTMENT, AS WELL AS PROVIDES AN OPPORTUNITY FOR USBF SUPPORTERS TO MEET AMBASSADORS COUNCIL MEMBERS, ADMINISTRATION AND CONGRESSIONAL OFFICIALS, BUSINESS PEOPLE AND BALTIC GOVERNMENT AND BUSINESS REPRESENTATIVES.

TO PROMOTE CONTEMPORARY OPERA, CONTEMPORARY ART, MUSICAL THEATRE
PERFORMANCES, WORKSHOPS, CLASSICAL AND CONTEMPORARY MUSIC CONCERTS,
EDUCATIONAL PROGRAMMES, ORGANIZING THE CONTEMPORARY OPERA FESTIVAL NOA (NEW
OPERA ACTION).

USBF SEEKS TO DEVELOP AND STRENGTHEN TIES BETWEEN THE PEOPLE OF THE UNITED STATES AND THE BALTIC COUNTRIES- ESTONIA, LATVIA AND LITHUANIA. THE FOUNDATION'S PROGRAMS EMPHASIZE THE TRANS-ATLANTIC MOVEMENT OF PEOPLE, IDEAS AND RESOURCES TO ADDRESS CULTURAL, ECONOMIC, EDUCATIONAL AND POLITICAL DEVELOPMENT NEEDS IN THE THREE BALTIC COUNTRIES. USBF STRESSES COLLABORATION WITH EMBASSIES AND RELATED ORGANIZATIONS TO LEVERAGE RESOURCES, REACH, AND IMPACT.

FORM 990-EZ

OTHER PROGRAM SERVICES

STATEMENT 11

DESCRIPTION

GRANTS

EXPENSES

THE VYTAUTAS LANDSBERGIS FUND, STARTED BY FORMER LITHUANIAN PARTLIAMENT PRESIDENT VYTAUTAS LANDSBERGIS, HELPS CHILDREN WITH DISABILITIES GAIN ACCESS TO MEDICAL PROGRAMS, PURCHASE MEDICAL EQUIPMENT FOR CHILDRENS HOSPITALS AND ASSISTAS CHILDREN IN THEIR SOCIAL REHABILITATION AND INTEGRATION INTO SOCIETY. THE FUND ALSO SUPPORTS ASPIRING LITHUANIAN CULTURAL LEADERS IN THE FIELDS OF ART AND MUSIC.

500.

500.

TOTAL TO FORM 990-EZ, LINE 31

500.

500.