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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

Ā	For th	2009 calendar	year, or tax year beginning	, 2009	, and ending			, 20	
В	Check if a	pplicable Please	C Name of organization LATVIIAS	BRIVIBAS	FONDS.	LTD	D Employ	yer identification n	
_		use IRS change label or	Doing Business As		.		23	73257	00
_	Name ch	print or	Number and street (or P O box if mail is not delive	ered to street address)	Room/suite	-	E Telepho	one number	
	nitial ref	,,,,,,,	400 Hurley Ave				(301)	340 - 767	4
		Specmo	City or town, state or country, and ZIP + 4				(3-1)		
_	ermina	tions		850-3121			G Gross re	ceipts \$ 149,4	115
_	Amende	E Man	ne and address of principal officer: John	LUCS (Pr)	1			
/	фрисато	pending F Nam	Hoover Dr. , North Bruns	wick NT	38863	E .		for affiliates? Yes	_
1	Tay-eye		01(c) (3)◀ (insert no.) ☐ 4947(a)(1) or	☐ 527	78402	1		ncluded? LYes	
•	Websi		01(c) (3)4 (iliselt 110.) 4347(a)(1) 01			_		list (see instruction	15)
			oration ☐ Trust ☐ Association ☐ Other ▶		/aar af fati		exemption nui		450
			oration ☐ Trust ☐ Association ☐ Other ►		ear of formation	1973	M State of	legal domicile.	ÝY_
Ρě	rt I	Summary							
			the organization's mission or most s				•••••		
0	-	. Pravide s	pport for the educational o	md cultural	presvam	5. and	<u>activit</u>	ies of the w	Derla.
Activities & Governance		Elderativ	n of the hatrians Inc -	501(c)(3)0rg.	and oth	er orga	nizatio	mo with sin	nilar
Ë	i .	goals and	Puapases			v			
Š			if the organization discontinued its operation	ons or disposed of n	nore than 25% o	of its net asse	ets.		
5	3	Number of votin	g members of the governing body (I	Part VI. line 1a)			3	16	
Se			pendent voting members of the gove				4	16	
Ě			(5				5		time
5			volunteers (estimate if necessary)		• • • •		6	0	111112
τ.	" .	otal number of	lated business revenue from Fact III	11 1500 - 100			7a	<u>U</u>	
	/a	otal gross unite	lated business revenue from For m 9 usiness taxable income∯rom For m 9	II,VCB:U ITIN (C), IIII OO T libo 34	ne 12		7b	0	
	, D	ver differenced by	1001	701	 	Prior Ye		Current Yea	
	_		[8] AUG o	⁹ 2010 SS .	<u> </u>				<u>'</u>
9			nd grants (Part VIII, line 1h)		· · · - 	372	7	94,446	
	9	Program service	revenue (Part VIII, line 20)		· · · -		0		
5			me (Part VIII, column (A), TINGO (A)		· · · -	219,3		54,969	
			Part VIII, column (A), lines 5, 6d, 8c,			13 5	06	0	
_	12	otal revenue—a	dd lines 8 through 11 (must equal Part	VIII, column (A),	line 12)	270,0	52	149,415	
	13 (Grants and simil	lar amounts paid (Part IX, column (A), lines 1-3)		0			
_	14	Benefits paid to	or for members (Part IX, column (A)	, line 4)		. 0		٥	
Expenses	15	Salaries, other co	mpensation, employee benefits (Part I)	K, column (A), line	es 5–10)	287		4616	
Ē			draising fees (Part IX, column (A), line			0		۵	
ŝ			expenses (Part IX, column (D), line 25)		I				
			(Part IX, column (A), lines 11a-11d,					246,56	2
			Add lines 13–17 (must equal Part IX					251.17	
	19	Revenue less exr	penses. Subtract line 18 from line 12	., column (A), ins	e 23) <u> </u>	-			
88	<u> </u>		Services, Captiage and To Hoth and IZ	· · · · · ·	Re De	ginning of Cu	irrent Vess	(<u> 0 76 3</u> End of Year	
Balances	<u> </u>	Total secrets (C)			50				
Š	ļ	otal assets (Pa			· · ·	1638	777	1,835,7	<u> </u>
Find	21	Total liabilities (F			· · · 	0	 _	12057	
			nd balances. Subtract line 21 from li	ine 20	<u></u>	1,638,	+44	1,835,7	<u>3 8 _</u>
- c	rt II	Signature I							
		under penalties of and belief, it is true	penury, I declare that I have examined this retue, correct, and complete. Declaration of prepare	ım, including accomi rer (other than office)	panying schedul n is based on al	es and staten Linformation	nents, and to	o the best of my kno	owledge
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Sig	ın	10h	~ Mes				409 4	, 2016	
le	re	Signature of c				Date	• •		
		1120 M	IN LUCS Pres. Lat	vijas Brivi	bas Form	ds LT	<u>a</u>		
_		Type or print	name and title	<u> </u>					
		Preparer's		Date			Preparer's K	dentifying number	
•		signature			self-	loyed ▶ 🔲	(see instruct		
aic		,			l c.mb	ا ' درد.			
rel	parer's	Firm's name (or yo	ours L			EINI	> ;		
se	Only	if self-employed),				EIN			
		address, and ZIP		0 /- :	41 N	Phone no	> •	<u>, </u>	7
иa	y tne l	HS discuss this	return with the preparer shown abo	ve? (see instruc	tions)			. Yes	No

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: See Part I, Line 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 241,435 including grants of \$) (Revenue \$)
	Indicated amount was provided to World Federation of Free Latvians, Inc. for support of its educational and cultural programs
	······································
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·
	······································
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	1 . 1 . 2 . 2
4d	Other program services. (Describe in Schedule O.)
40	(Expenses \$ including grants of \$) (Revenue \$)

Par	t 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? <i>If "Yes," complete Schedule C, Part I</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 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		X
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, 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 16? 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 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? 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		<u>X</u> _
b	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		×
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? <i>If "Yes," complete Schedule F, Part III</i>	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
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Pai	t IV Checklist of Required Schedules (continued)			•
			Yes	No
21	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 1? If "Yes," complete Schedule I, Parts I and II.	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23_		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	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	25a		X
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	25b		X
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	26		X
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	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		X
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	34		X
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	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	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	38	X	

Par	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			<u> </u>
	gaming (gambling) winnings to prize winners?	1c		-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1		X	ļ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	-
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶ Canada * Australia			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		-	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		X
	organization solicit any contributions that were not tax deductible?			İ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
/	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		+
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			-
	benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		 ^ -
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	,9		1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	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?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	9a	 -	
a	Did the organization make any taxable distributions under section 4966?	9b	 -	┼
b	Did the organization make a distribution to a donor, donor advisor, or related person?	30	-	+
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	1		
11	Section 501(c)(12) organizations. Enter:	1		
ıı a	Gross income from members or shareholders			
b				-
	amounts due or received from them.)	ļ		<u> </u>
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	12a		-

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	4	,	1,0
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Χ
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?			
7a		7a		X
L	of the governing body?	7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during			<i>_</i> ,
8	the year by the following:			
_	The governing body?	8a	X	
a h	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	- 00		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	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	1	- Tiger.	
	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
_	rise to conflicts?	12b	$X_{_}$	L
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
C	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		Х
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?	2 4 4 m	Ĭ	,
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.)	No. M		· ~
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.00	der.	* };
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		产数.
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	1	1	is 149 "
	the organization's exempt status with respect to such arrangements?	16b	<u> </u>	<u> </u>
<u>Sec</u>	ction C. Disclosure	_		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
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 int	erest	
	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 reco			
	organization: > Rasma Plato - 400 Hurley Ave, Rockville MD 20850			
	Tel. (301) 340-7646			

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 co	mpensate	any o	curre	ent	offic	cer, d	lirec	tor, or trustee.		
(A)	(B)			•	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee	nstitutional trustee	Officer	Rey employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
John Lucs President	8			×				0	0	0
Rasma Plata (parttime)	3.5					X		4092	۵	0
Bookkeeper Marting Sausins Board Chairman	l	Х		X				0	٥	0
Inta Rupners Board U-Chair	0.5	X		X				0	0	O
Juris Runges Board Member	0.5	X						0	0	0
Valdis Karklis Board Member	1.0	X						0	0	0
There are 12 other Board members - none received compens	ation	X						0	0	0
										,

Part VII Section A. Officers, Directors, Tru	ıstees, Key	Emp	loye	es,	an	d Hig	hest	Compensated	Employees (co	ntinued) <u>*</u>
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	Individual trustee or director	Institutional	Officer	a Key employee	a Highest compensated employee	ply) Former	Reportable compensation from the organization (W-2/1099-MiSC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization
	_	ustee	trustee		ee	npensated				and related organizations
								-		
		!							-	
1b Total , , ,							•	4092		
 Total number of individuals (including but reportable compensation from the organization) Did the organization list any former office 	ation ► ()	 -						• -	Yes No
employee on line 1a? If "Yes," complete S	chedule J	for su	ıch	indi	vidu	ıal				3 X
4 For any individual listed on line 1a, is the sthe organization and related organizations individual.										4 X
5 Did any person listed on line 1a receive services rendered to the organization? If "	or accrue Yes," com	com _i	pen: S <i>ch</i>	satio	on 1 ole J	from <i>I for</i> s	 any such	unrelated org	anization for	5 X
Section B. Independent Contractors				_						1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1
Complete this table for your five highest or compensation from the organization.	ompensate	d ind	ере	nde	ent o	contra	acto	rs that receive	d more than \$1	00,000 of
(A) Name and business add	dress							(B) Description of s	ervices	(C) Compensation
None						_				
			-							
2 Total number of independent contractors (impore than \$100,000 in compensation from						those	liste	ed above) who	received	

Part	VIII	Statement of Revenue	· -	[
	- y		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	94446			
Program Service Revenue	2a b c d e f	All other program service revenue Total. Add lines 2a–2f	0			
0.	-	Investment income (including dividends, interest, and other similar amounts)	54969	54,969		
	b	Gross Rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Less: Rental income or (loss)	0			
	7a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses .				
		Gain or (loss)	O'			
Other Revenue		Gross income from fundraising events (not including \$				
ਰੋ	С	Net income or (loss) from fundraising events ▶	0			
		Gross income from gaming activities. See Part IV, line 19				
	С	Net income or (loss) from gaming activities	0			
	ь	Gross sales of inventory, less returns and allowances a Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code	0			
	b					
		All other revenue	0	 		
		Total. Add lines 11a-11d	149.415	149415		

Pa	Part IX Statement of Functional Expenses						
	Section 501(c)(3) and 50 All other organizations must complete col	1(c)(4) organizatio umn (A) but are n	ns must complete ot required to com	all columns. plete columns (B), ((C), and (D).		
	o 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						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22						
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16						
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 salaries and wages	4092		4092			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .						
9	Other employee benefits						
10	Payroll taxes	524		524			
11	Fees for services (non-employees):						
а	Management						
b				,			
	Accounting				 .		
	Lobbying						
е	Professional fundraising services. See Part IV, line 17				,		
f	Investment management fees						
g	Other						
12	Advertising and promotion	650		650			
13	Office expenses	680		6 80			
14	Information technology						
15	Royalties , , , , , , , , , , , ,						
16	Occupancy	1100		14.0 -			
	Travel	1135		1135			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		_				
19	Conferences, conventions, and meetings .						
20	Interest						
21	Payments to affiliates						
22	Depreciation, depletion, and amortization.	_ .					
23	Insurance						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)						
а	Insurance Premium	2534		2534			
b	World Federation of Free Laturans, Inc.	241,475	241,475				
С	,						
d							
е		 					
f	All other expenses Mise	88		88			
25	Total functional expenses. Add lines 1 through 24f	251,178	241,475	9703			
26	Joint costs. Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Part X **Balance Sheet** (A) Beginning of year **(B)** End of year 889 988 1 1 Cash—non-interest-bearing 82, 359 2 Savings and temporary cash investments 48,608 2 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 6 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 7 17635 12635 7 Assets 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges . Land, buildings, and equipment: cost or 10a 10a other basis. Complete Part VI of Schedule D b Less: accumulated depreciation 10b 10c 11 1537762 1773507 Investments—publicly traded securities 11 12 12 Investments-other securities. See Part IV, line 11 13 13 Investments-program-related. See Part IV, line 11 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 1835738 1638744 16 17 17 Accounts payable and accrued expenses 18 18 19 19 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D _iabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . 24 Other liabilities. Complete Part X of Schedule D 25 25 26 Total liabilities. Add lines 17 through 25 0 26 0 Organizations that follow SFAS 117, check here ▶ □ and **Assets or Fund Balances** complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117, check here ► 🗵 and complete lines 30 through 34. <u>533, 100</u> 30 Capital stock or trust principal, or current funds . . . <u>533, 100</u> 31 0 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 1105.644 32 1,302,638 32 Retained earnings, endowment, accumulated income, or other funds 1638 744 33 1835 738 33 Total liabilities and net assets/fund balances 638 744 1835,738

Pai	rt XI Financial Statements and Reporting			•
			Yes	No
1	Accounting method used to prepare the Form 990: 🗵 Cash 🗌 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	لـــــا	X
	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c		
	the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in	20		
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:		1	
	☐ 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			
	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.	3ь		

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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 Inspection

Internal Revenue Service Name of the organization Employer identification number Latvijas Brivibas Fonds, LTD 23 : 732 5700 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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), A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 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, 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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\% % 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 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No Yes (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? 11g(i) 11g(ii) (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? 11q(iii) h 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 above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? Yes No Yes Yes World Federation 501(4)(3) X X 241475 52-1037081 X of Free Latvians Inc

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(1	I)(A)(vi)
_	tion A. Public Support		410000	4 3 0007	40.000	T	T 40 T 1 1
Ca	lendar 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.")	2,6 88	58,092	201,277	37,223	94,446	393,726
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	٥	0	0 0		0	0
4	Total. Add lines 1 through 3	2688	58092	201277	37,223	94446	393,726
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.					<u> </u>	393,726
	tion B. Total Support	(-) 0005	1 (1) 0000	4 2 2 2 2 7	(1) 0000	1 1 2 2 2 2	1 43 - 1 4
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	7,688	58,092	201,277	37.223	94,446	393,726
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	92,669	122,329	208,877	232,829	54,969	711,673
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	6	0	0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11	Total support. Add lines 7 through 10 .		<u> </u>		<u>.</u>		1,105,399
12	Gross receipts from related activities, etc.	•	,				<u> </u>
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re		nd, third, fourth			on 501(c)(3)
<u> 14</u>	Public support percentage for 2009 (line			1 column (fl)		14	35.6 %
15	Public support percentage from 2008 Sci	• •	-	., σοιαιτιτ (1))		15	<u> </u>
16a	33½ % support test—2009. If the organi			on line 13. and	line 14 is 331/31		
	and stop here. The organization qualifies					•	
b	33% % support test—2008. If the organic box and stop here. The organization qua						
17a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here	. Explain in Part	t IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances Private foundation. If the organization did	acts-and-circunances" test The	nstances" test, organization qu	check this box alifies as a public	and stop here cly supported or	Explain in Part ganization .	.IV how the

	dule A (Form 990 or 990-EZ) 2009	·					Page 3
Par	Support Schedule for Orga (Complete only if you checke				1)(2)		
Sec	tion A. Public Support			,			
	llendar 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.")						
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		_			<u> </u>	
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.)						
Sec	tion B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b						
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 organization, check this box and stop	here	<u> </u>				tion 501(c)(3) ▶ □
Sec	tion C. Computation of Public Su	pport Perce	ntage				
15 16	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f) Public support percentage from 2008 Schedule A, Part III, line 15					15	<u>%</u> %
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 200	9 (line 10c, co	lumn (f) dıvıde	d by line 13, c	olumn (f)) .	17	%
18	Investment income percentage from 20	008 Schedule	A, Part III, line	17		18	%
19a	33½% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization						
b	331/2 % support tests - 2008. If the organ line 18 is not more than 331/2 %, check this	nization did not	check a box or	n line 14 or line	19a, and line	16 is more tha	n 331/3 %, and

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

SCHEDULE O (Form 990)

Supplemental Information to Form 990

LTD

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

Brivibas

Latvi 23:732 5700 Section B, Line 11 A Draft copy of Form 990 w/attachments is submitted to the Board Chairman and Board U-Chairman. Upon their review and approval the President of Latvijas Brivibas Fonds, LTD finalizes the Form 990, signs it and files with , Section C. Line 19 Latvijas Brivibas Finds, LTD upon request to publicits governing documents financial statements