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Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

	<u> </u>	or the	2009 Catendar year, or tax year beginning and ending		
	В	heck if	Please C Name of organization	D Employer identifica	tion number
	а	pplicable			
		Addres change	s label or IN THE U.S., INC.	1	
	\Box	Name change	type	53-02	15408
		Initial	See Number and street (or P.O box if mail is not delivered to street address) Room/su	ite E Telephone number	
		Termin-	- Specific AOO HIDTEV ASSENTIE	(301)	340-1914
	=	⊒ated]Amend∈			440,098.
	H	⊒return ∏Applica	City or town, state or country, and Zir + 4	G Gross receipts \$	
	L	_tion pending	ROCKVIHIL, III 20030 3121	H(a) Is this a group retu	
			F Name and address of principal officer:	for affiliates?	Yes X No
			SAME AS C ABOVE	H(b) Are all affiliates inclu	
			mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a lis	st. (see instructions)
			e: ▶ WWW.ALAUSA.ORG	H(c) Group exemption	
	KF	orm of	organization X Corporation Trust Association Other ► L Y	ear of formation 1951 M :	State of legal domicile MD
	Pε		Summary		
		1 [Briefly describe the organization's mission or most significant activities: ${ m TO}$ SUPPO	RT THE EDUCATI	ONAL,
	Activities & Governance	(CULTURAL, AND ASSISTANCE ACTIVITIES - CONTIN	JES ON SCHEDUL	E O -
	Ē	-	Check this box If the organization discontinued its operations or disposed of m		
	Š		Number of voting members of the governing body (Part VI, line 1a)	3	9
	Ğ		Number of independent voting members of the governing body (Part VI, line 1b)	. 4	9
	න් ග		Total number of employees (Part V, line 2a)	5	4
	iţie			6	4
	<u>Ş</u> .		Fotal number of volunteers (estimate if necessary)	"	0.
	Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
		p l	Net unrelated business taxable income from Form 990 T, line β3 F C F 1 7 F 1	7b	
9			ω ····································	Prior Year	Current Year
2 2 2010	9		Contributions and grants (Part VIII, line 1h)	1,715,335.	237,838.
ഭ	enne		Program service revenue (Part VIII, line 2g)	19,241.	91,353.
es	Rev			114,018.	97,387.
		11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 0, and 11e)	54,786.	13,520.
JUL		12]	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,903,380.	440,098.
٦		13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	321,456.	349,375.
		14 E	Benefits paid to or for members (Part IX, column (A), line 4)		
y	Ş	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	183,060.	189,549.
Scanned	Expenses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		
S.	ed.	b 1	Fotal fundraising expenses (Part IX, column (D), line 25) 8,981.		
\mathcal{C}_{0}	ш	l .	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	613,903.	379,662.
00			Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,118,419.	918,586.
			Revenue less expenses. Subtract line 18 from line 12	784,961.	<478,488.>
	es es	<u></u>	Total de les de la constant anti-re-ment and re-	Beginning of Current Year	End of Year
	t Assets or and Balances	20 1	Fotal assets (Part X, line 16)	3,329,691.	3,382,914.
	Ass.	24 7	· · · · · · · · · · · · · · · · · · ·	24,826.	29,146.
	Net/		Total liabilities (Part X, line 26)	3,304,865.	3,353,768.
		<u>22 </u> 	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	3,304,002.6	3,333,700.
	FE	ET A FR	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statemen	ts, 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 knowled	ige	/
			· Chair Mail	1 6/4	4/10
	Sign	י	Constituted officer	Date	//
	Her	e	Signature of officer Duris Nezinskis, Board Preside	A- Date	
			Unit's 1102/N3K(3, 10000) /resine	<u>~ ` </u>	
			Type or print name and title	<u> </u>	
	Paid	.	Preparer's Date	Check If Preparer's (see instru	identifying number ictions)
			signature amunicolishac 3/28/10	employed 🕨 📗	
			Firm's name (or GROSSBERG COMPANY LLP yours if	EIN ►	
	Use	UIIIY	self-employed) 6500 ROCK SPRING DRIVE, SUITE 200		
			address, and ZIP+4 BETHESDA, MD 20817	Phone no ► 30	1-571-1900
	_	the IR	S discuss this return with the preparer shown above? (see instructions)		X Yes No
		72-04		nstructions.	Form 990 (2009)

REE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	t III 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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the 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 \$ 144,245 · including grants of \$ 57,186 ·) (Revenue \$)
	EDUCATIONAL PROGRAM: SEEKS TO ENSURE EVERY LATVIAN AMERICAN HAS THE OPPORTUNITY FOR LEARNING THE LATVIAN LANGUAGE, CULTURE AND HISTORY. IT
	COORDINATES THE ACTIVITIES OF AMERICA'S LATVIAN SCHOOLS, CARES FOR THE
	CONTINUING EDUCATION NEEDS OF TEACHERS, AND PROVIDES CURRENT TEACHING
	PROGRAMS AND EDUCATIONAL MATERIALS. ALA WORKS CLOSELY WITH EDUCATIONAL
	INSTITUTIONS IN LATVIA
45	(Code:) (Expenses \$ 269,708 • including grants of \$ 266,089 •) (Revenue \$)
40	(Code:) (Expenses \$ 269, 708. including grants of \$ 266,089.) (Revenue \$) COOPERATION WITH LATVIA: TO COORDINATE CHARITABLE, EXCHANGE AND OTHER
	TYPES OF ASSISTANCE PROGRAMS TO LATVIA. THE ALA IS COORDINATING WITH
	THE LATVIAN CHILDRENS' FUND, A PROGRAM TO LINK WESTERN SPONSORS WITH
	HUNDREDS OF NEEDY ORPHANS AND FAMILIES IN LATVIA, AND IS PROVIDING SEED
	MONEY FOR PUBLIC HEALTH AND OTHER PROJECTS THROUGH-OUT LATVIA.
4c	(Code:) (Expenses \$ 104,751. including grants of \$) (Revenue \$)
	GENERAL PROGRAM: ALA IS THE MAIN REPRESENTATIVE ORGANIZATION FOR THE
	LATVIAN AMERICAN COMMUNITY. THROUGH 163 MEMBER ORGANIZATIONS, CHURCHES,
	CLUBS, AND SOME 6,000 INDIVIDUAL MEMBERS WE REPRESENT OVER 100,000 PEOPLE OF LATVIAN DESCENT LIVING IN THE UNITED STATES. WE ARE A
	NON-PROFIT, TAX EXEMPT EDUCATIONAL AND CULTURAL ORGANIZATION REGISTERED
	AS A PRIVATE AND VOLUNTARY ORGANIZATION WITH THE U.S. AGENCY FOR
	INTERNATIONAL DEVELOPMENT.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 236, 269 • including grants of \$ 26, 100 •) (Revenue \$)
_4e	Total program service expenses ►\$ 754,973.

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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? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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		ļ
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	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	4		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		
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_
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	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	Х	
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		<u> </u>
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		<u>X</u>
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		X
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Form 990 (2009) Part 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,	į		
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	L
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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
ь	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		Х
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		Х
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		Х
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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
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?		ļ	
	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		<u>X</u>
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	Х	
			^^~	

Form	990 (2009) IN THE U.S., INC. 53-0215	400	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1`a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter 0- if not applicable			
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 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	:		
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	ļ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	ĺ		
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
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 organization solicit			
	any contributions that were not tax deductible?	6a		Х
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		<u> X</u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	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		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
. b	Did the organization make a distribution to a donor, donor advisor, or related person?	9Ь		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	1 1		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a				
р	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
19~	amounts due or received from them.)	122	1	

Form **990** (2009)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

53-0215408

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

Sec	tion A. Governing body and Management		V	NI.
1.	Enter the number of voting members of the governing body)[Yes	No
b	The state of the general state			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
-	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u> _
6	Does the organization have members or stockholders?	6		X
7a				
	governing body?	7a		X
ь	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	
ь		8b	Х	
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 Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
ь	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	Х	
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	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b		<u>X</u>
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		<u>X</u>
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		<u>X</u>
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		<u>X</u>
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			17
	taxable entity during the year?	16a		<u>X</u>
Ь	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	i :		
	exempt status with respect to such arrangements?	16b	<u> </u>	
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MD			
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	101		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	- 46	1-1	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	na tina	ncial	
00	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 organiza	tion: 🗖		
	THE ASSOCIATION - (301) 340-1914 400 HURLEY AVENUE, ROCKVILLE, MD 20850-3121			
	400 HURLEY AVENUE, ROCKVILLE, MD 20850-3121	Ec	990 (2000
		LOUIN	サブレ (2003)

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.

X Check this box if the organization did no (A) Name and Title	(B) Average hours	(C) Position (check all that			ion		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of	
	per week	Individual trustee or director	Institutional trustae	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. JURIS MEZINSKIS PRESIDENT	35.00	х						0.	0.	0
MARCIS VOLDINS	33.00	-	-		 	 			<u> </u>	
VICE PRESIDENT	15.00	Х						0.	0.	0.
GUSTAVS PLATO					-	 				
TREASURER	20.00	Х						0.	0.	0.
KAIJA DANKERS										
SECRETARY	5.00	Х						0.	0.	0.
IVETA FELZENBERGS										İ
BOARD MEMBER	30.00	X						0.	0.	0.
JANIS KUKAINIS										
BOARD MEMBER	30.00	X						0.	0.	0.
ANITA BATARAGS								_	_	_
BOARD MEMBER	20.00	X				_		0.	0.	0.
ERIKS KRUMINS	20.00	١.,								
BOARD MEMBER	20.00	Х						0.	0.	0.
VISVARIS GIGA BOARD MEMBER	15.00	x						0.	0.	0.
BOARD MEMBER	13.00	^						0.	0.	
		_								
								į		

Form **990** (2009)

5	3-0	215	408	Page 8

(A) Name and title		(B) Average			() Pos	C) rtion	1		(D) Reportable	(E) Reportable	İ	(F) Estima	ted
	hours per	-	(check all			all that apply		compensation	compensation from related		amoun	t of	
	week	Individual trustee or director	Individual frustee or director Institutional frustee	Institutional frust ice Officer	Key employee	Key employee Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)		compens from the organization and relations	ation he ition ited	
											_	· .	
							_				_		
	····			_									
													_
											-		
		1					_						
<u> </u>		L					Ļ		0.		0.		
	al al number of individuals (including but in	ot limited to th	ose	liste	ed at	50 00	e) wh	o re					0 .
	the organization list any former officer,	director or tru	stee	, ke	y em	plo	yee,	or h	lighest compensated en	nployee on		Yes	No
4 For	1a? If "Yes," complete Schedule J for s any individual listed on line 1a, is the su	ım of reportab	le co							the organization		3	X
5 Did	I related organizations greater than \$150 any person listed on line 1a receive or a organization? If "Yes," complete Sched	accrue comper	nsati	on f						ces rendered to	-	5	X
Section	B. Independent Contractors									**************************************			
	nplete this table for your five highest co organization. NONE	mpensated inc		ende	nt c	ontr	acto	rs ti		\$100,000 of comp	ensa		
	(A) Name and business	address						_	(B) Description of s	ervices	Co	(C) ompensatio	on
			_					_					
								-					
								\dashv					
	<u> </u>							+					
	al number of independent contractors (i		ot lir	nite	d to		_	ted	above) who received m	ore than			
<u>\$10</u>	0,000 in compensation from the organiz	zation P				(<u>, </u>					orm 990	(2000)

IN THE U.S. INC

	rt VII		1110.			<u> </u>	TOO Page 3
ra	FC VH	The Statement of Revenue		(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	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1a 1b 1c 1d 1d 1f	5,582. 57,205. 175,051.				
and and	_	Noncash contributions included in lines 1a-1f \$		237,838.			
Program Service Revenue	2 a b c	PUBLISHING HOUSE	Business Code 900099 451211 900099	74,877. 16,076. 400.	74,877. 16,076. 400.		
Pro	e f	All other program service revenue					
		Total. Add lines 2a-2f	•	91,353.			
	3 4 5	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond properties	>	97,387.			97,387.
		(i) Real 6,040.	(ii) Personal				, , , , , , , , , , , , , , , , , , , ,
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(ii) Other	6,040.			6,040.
venue	d	and sales expenses Gain or (loss) Net gain or (loss) Gross income from fundraising events (not including \$	>				
Other Revenue	С	contributions reported on line 1c). See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising events Gross income from gaming activities. See	>				
	с 10 а	Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a Less: cost of goods sold b	•				
	С	Less: cost of goods sold b Net income or (loss) from sales of inventory . Miscellaneous Revenue MISCELLANEOUS	Business Code 900099	7,480.	7,480.		
	b c d	All other revenue					
	е	Total. Add lines 11a-11d		7,480.	00.000		102 423
93200 02-04	12	Total revenue. See instructions	<u> </u>	440,098.	98,833.	0.	103,427. Form 990 (2009)
UZ-U4	- 10						. 5 556 (1.005)

IN THE U.S., INC.

Part IX Statement of Functional Expenses

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

Do	All other organizations must complete include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and		_		
	organizations in the U.S. See Part IV, line 21	9,903.	9,903.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	42,380.	42,380.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	297,092.	297,092.	··············	***************************************
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	160,789.	56,360.	104,429.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	4,601.	1,605.	2,996.	
9	Other employee benefits				
10	Payroll taxes	24,159.	10,286.	13,873.	
11	Fees for services (non-employees):				
а	Management			I	
b	Legal L				
c	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other .				
12	Advertising and promotion	2,346.	2,346.		
13	Office expenses	47,061.	27,039.	20,022.	
14	Information technology				
15	Royalties				
16	Occupancy	26,400.	4,400.	22,000.	
17	Travel	25,343.	14,086.	11,257.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,165.	2,312.	8,853.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	795.		795.	
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	SPECIAL PROGRAM EXPENSE	157,986.	157,986.		
a b	ALA SUPPORT	41,500.	41,500.		
c	PROFESSIONAL FEES	28,532.		28,532.	
d	MISCELLANEOUS	17,692.	13,290.	4,402.	
u e	FUND DRIVE EXPENSES	8,981.	23,2301	-/ 1020	8,981.
f	All other expenses	11,861.	74,388.	<62,527.>	
25	Total functional expenses. Add lines 1 through 24f	918,586.	754,973.	154,632.	8,981
26	Joint costs. Check here if following	323,300.			
20	SOP 98-2 Complete this line only if the organization		ļ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	ococcional campaign and fundraising Suicitation				- 000

Form **990** (2009)

Part X Balance Sheet (A) Beginning of year End of year 185,398. 91,176. 1 Cash - non-interest-bearing 1,164,539. 769,149.2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 2,200. 3,997. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net 33,979. 47,862. 8 Inventories for sale or use 422. 982. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 40,065. basis. Complete Part VI of Schedule D 10a 10b 38,588. 2,272. 1,477. 10c b Less: accumulated depreciation 1,923,857. 11 11 Investments - publicly traded securities 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 17,024. 17,024. 15 15 Other assets. See Part IV, line 11 3,382,914. 3,329,691. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 7,525. 12,345. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 8,000. 8,000. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties . 24 24 Unsecured notes and loans payable to unrelated third parties 9,301. 8,801. 25 25 Other liabilities, Complete Part X of Schedule D 24,826. 29,146. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. **Net Assets or Fund Balances** 1,673,105. 727,961. 1,412,821. 939,342. 27 Unrestricted net assets 28 28 Temporarily restricted net assets 952,702. 952,702. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 3,304,865. 3,353,768. 33 33 Total net assets or fund balances 3,382,914. 3,329,691 Total liabilities and net assets/fund balances

Form **990** (2009)

AMERICAN LATVIAN ASSOCIATION

Part XI: Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X A	ccrual Other		
If the organization changed its method of accounting from a prior year or o	hecked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an ii	ndependent accountant? 2a		X
b Were the organization's financial statements audited by an independent a	ccountant? 2b	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assu	mes responsibility for oversight of the audit,		
review, or compilation of its financial statements and selection of an indep	endent accountant? 2c	X	
If the organization changed either its oversight process or selection proces	ss 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	al statements for the year were issued on a		
consolidated basis, separate basis, or both:			
X Separate basis Consolidated basis Both consolidat	ed and separate basis		
3a As a result of a federal award, was the organization required to undergo ar	audit or audits as set forth in the Single Audit		
Act and OMB Circular A-133?	3a		X
b If "Yes," did the organization undergo the required audit or audits? If the o	rganization did not undergo the required audit		
or audits, explain why in Schedule O and describe any steps taken to unde	ergo such audits.		

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

2009

Open to Public Inspection

Name of t	the organizati		N LATVIAN AS	SSOCIA	ATION				mployer id			
Part I	Reason		U.S., INC. ity Status (All organic	zatione mi	et comple	te this par	t \ See ins	tructions	53	<u>-0215</u>	408	
	<u> </u>							tructions.				
1 G		•	because it is: (For lines is, or association of chui	-		-	-).				
2 🔲	•		70(b)(1)(A)(ii). (Attach So									
з 🔲	A hospital or	a cooperative hosp	ital service organization	described	ın section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	spital desc	nbed in s e	ction 170	(b)(1)(A)(i	ii). Enter th	ie hospital	's nam	e,
	city, and stat											
5 🗔	_		benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	it describe	d ın		
		(b)(1)(A)(iv). (Compl	•			4=64.14						
6		=	nent or governmental un									
7 📖	-	-	cerves a substantial part	of its supp	oort from a	governme	ental unit o	or from the	e general p	ublic desc	ribed i	ก
. [-]		(b)(1)(A)(vi). (Comple										
8 🖳	•		section 170(b)(1)(A)(vi).	•	-							_
9 X	-	-	cerves: (1) more than 33						-	_		
		•	nctions - subject to certa	-		•				_		
			axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	anization at	ter June 3	0, 197	5.
40 🖂		509(a)(2). (Complete		_			- 500(-)(41				
10			perated exclusively to te									
11			perated exclusively for ti ations described in secti									or
			organization and compl				2). See Se	ction sost	aj(S). Onec	K IIIE DOX	ınaı	
	a Type				e III - Fund		enrated		dП	Type III - C	Other	
e 🗀	• • •		at the organization is not			-	-	r more die		* -		n
e	-		than one or more public									
f		~	tten determination from	• • •	_				3(a)(1) 01 3	sction 508	رماردا.	
•	_	rganization, check ti		the motor	at it is a 1 y	pe i, Type	п, от тур	5 111				
		-	organization accepted a	ny aift ar c	ontribution	from any	of the foll	owina per	sons?	••	•	
9	•		directly controls, either a			_					Yes	No
			upported organization?	10110 OI 10g	3011101 111111	persons	.00011000	() care (, <i>,</i> 20.011,	11g(i)		
	•		n described in (i) above?	,	•	•				11g(ii)		
		•	person described in (i)		 e?					11g(iii)	_	
h		•	about the supported or	• •			•	• •		<u> </u>		
••	1 101100 1110 1			g	(-)-							
(i) Name	of supported	(ii) EIN	(iii) Type of	(iv) Is the	organization	(v) Did you	notify the	(vi) is	the	(vii) Arr	rount of	 ł
	anization	\.,, =	organization (described on lines 1-9	in col. (i) li	sted in your	organizat	ion in col	organizati (i) organiz	on in col. ed in the		port	
J			above or IRC section	governing	document?	(i) of you	support?	ii "us	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
							<u>.</u> .					
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Total		l	1	1		L						
LHA For P	Privacy Act an	id Paperwork Redu	ction Act Notice, see t	he instruc	tions for			Schedul	e A (Form	990 or 99	υ-EZ)	2009

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009						Page 2
Pa	Support Schedule for	_)(b)(1)(A)(iv) an	d 170(b)(1)(A)(ı	/i)
<u> </u>	(Complete only if you checke	a the box on line 5	, 7, or 8 of Part I.)	<u> </u>	_		
	ction A. Public Support	43005	#1.0000	4) 0007	4.0000	4 > 0000	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and				1		
	membership fees received. (Do not				1		
^	Include any "unusual grants.") Tax revenues levied for the organ-						
2	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities	· · · · · ·			 	-	
ŭ	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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						
	ction B. Total Support				_	<u>-</u>	
Cale	endar year (or fiscal year beginning in)🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				ļ		
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	<u></u>			1		
12	Gross receipts from related activities,	•				12	
13	First five years. If the Form 990 is for	-	irst, second, thi	ra, τουπη, or τιπη τ	ax year as a sectio	n 501(c)(3)	▶□
Sec	organization, check this box and storetion C. Computation of Publ		rcentage	<u></u>		· · · · · · · · · · · · · · · · · · ·	·
	Public support percentage for 2009 (column (fl)		14	
15	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•			15	%
	33 1/3% support test - 2009. If the o			n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies						▶ □
b	33 1/3% support test - 2008. If the o	rganization did not	check a box on I	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	rfies as a publicly s	supported organiz	ation .			▶ □
17a	10% -facts-and-circumstances tes	t - 2009. i f the orga	nization did not d	heck a box on line	e 13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the *fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supporte	d organizatıon		▶□
b	10% -facts-and-circumstances tes	t - 2008. If the orga	inization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the	ne "facts-and-circui	mstances" test, c	heck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization	qualifies as a publi	icly supported orga	anızatıon	▶ 🖳
<u>18</u>	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17			
					Sche	dule A (Form 990	or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 IN THE U.S., INC.

Part HL Support Schedule for Organizations Described in Section 509(a)(2) (Complete

53-0215408 Page 3

	ction A. Public Support	n yarıızatıdı is	Described in	Section Sos(a)	(Complete only	n you checked the be	ox on line 9 of Part I)
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(a) 2000	(O T-4-)
		(a) 2005	(b) 2006	(6) 2007	(a) 2006	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	382,638.	495,807.	522,706.	422,141.	292,715.	2,116,007.
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	146,075.	20,950.	16,930.	19,241.	16,476.	219,672.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge			500 606			
6	Total. Add lines 1 through 5	528,713.	516,757.	539,636.	441,382.	309,191.	2,335,679.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons	143,000.	155,829.	135,000.	20,000.	39,120.	492,949.
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						0.
	Add lines 7a and 7b	143,000.	155,829,	135,000.	20,000.	39,120.	492,949.
	Public support (Subtract line 7c from line 6.)		 		<u> </u>		1,842,730.
	ction B. Total Support	1			<u> </u>		<u> </u>
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	528,713.	516,757.	539,636.	441,382.	309,191.	2,335,679.
	dividends, payments received on securities loans, rents, royalties and income from similar sources	152,676.			120,058.		801,380.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b	152,676.	175,009.	250,210.	120,058.	103,427.	801,380.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	132,4070.	1/3/003.	230,210.	120,000.	103/12/-	00173000
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	45,953.	41,981.			7,480.	203,828.
13	Total support (Add lines 9, 10c, 11, and 12)	727,342.	733,747.	849,514.	610,186.	420,098.	3,340,887.
14	First five years. If the Form 990 is for	the organization's	first, second, thire	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3) organız	ation,
	check this box and stop here			<u> </u>			
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2009 (li	ine 8, column (f) di	vided by line 13, c	olumn (f))		15	55.16 %
16	Public support percentage from 2008	Schedule A, Part	III, line 15			16	60.47 %
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	09 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	23.99 %
18	Investment income percentage from 2	2008 Schedule A,	Part III, line 17			18	21.69 %
19a	33 1/3% support tests - 2009. If the	organization did n	ot check the box of	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						► X
b	33 1/3% support tests - 2008. If the		-	•			and
	line 18 is not more than 33 1/3%, che Private foundation. If the organization	ck this box and sto	op here. The organ	nization qualifies a	s a publicly suppo	rted organization	•
				., J			0 or 990-EZ) 2009

Schedule D

(Form 996)

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.

2009
Open to Public Inspection

Name of the organization

AMERICAN LATVIAN ASSOCIATION IN THE U.S., INC.

Employer identification number 53-0215408

Pa	Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
	-	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Yes No
Pa	Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		. 2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06 .	. 2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located -	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections o		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, no		
	treasures, or other similar assets held for public exhibition, e	•	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, 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		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	_
а	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶\$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

		U.S., INC.			 					o Page ∠
Par	大脚 Organizations Maintaining C	Collections of A	<u>rt, Hist</u>	<u>orical Tr</u>	easures,	or Oth	<u>er Simi</u>	lar Asse	ts (cont	inued)
3	Using the organization's acquisition, access	ion, and other record	ds, check	any of the	following the	at are a s	significant	t use of its	collection	n items
•	(check all that apply):									
а	Public exhibition	d	ı 🗀 i	oan or exc	hange progr	ams				
ь	Scholarly research	e		Other						
c	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how th	ev further t	he organizat	ion's exe	emot pura	oose in Par	t XIV	
5	During the year, did the organization solicit of							, , , , , , , , , , , , , , , , , , ,	. ,	
J	to be sold to raise funds rather than to be m					101 3111110	1 455015		Yes	No
Da				•		o* to Co	000 D	lort IV June		IIIO
المالية	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete ii org	anization a	iisweied ie	s lu rui	III 990, F	aitiv, iiie	9, 01	
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for o	ontribution	ns or other as	ssets no	included	'	٦.,	<u></u>
	on Form 990, Part X?							<u> </u>	_l Yes	L No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing t	able:						
							-		Amount	
С	Beginning balance			•		•	. 1c			
d	Additions during the year						. 1d	<u> </u>		
е	Distributions during the year	•					. <u>1e</u>			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				-		Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV	•								
Par	t V Endowment Funds. Complete	if the organization an	swered '	'Yes' to Fo	rm 990, Part	IV, line	10.			
		(a) Current year	(b) Pi	nor year	(c) Two year	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance	877,265.		17288.						
ь	Contributions				1 117-1	· ·				
-	Net investment earnings, gains, and losses	160,528.	<162	2,507.	>			***************************************		
٦	Grants or scholarships	12,900.		7,516.			, , , , , ,	···		
•	Other expenditures for facilities							~~~~		······
·	and programs									

'	Administrative expenses	1024893.	87	7,265.	 - 	· · · ·	• •		···	
9	End of year balance			7,203.	J				ł	
2	Provide the estimated percentage of the year									
а	Board designated or quasi-endowment	.00	_%							
Ь	Permanent endowment ► 100.00	%								
_		. %								
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	t are held a	ınd admınıste	ered for t	he organ	ızatıon	_	
	by:									Yes No
	(i) unrelated organizations						•		3a(i)	X
	(ii) related organizations .				-				3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	ule R?					3ь	
4	Describe in Part XIV the intended uses of the	e organization's endo	wment f	unds.						
Par	t VI Investments - Land, Building	gs, and Equipme	ent. Se	Form 990	, Part X, line	10.	_			
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulat	ed	(d) Book	value
		basis (investr	nent)	basis	(other)	de	preciation	1		
1a	Land									
Ь	Buildings									
c	Leasehold improvements					_				
d	Equipment									
	Other			4	0,065.		38,5	88.	1	1,477.
	. Add lines 1a through 1e. (Column (d) must e	equal Form 990 Part	X colum				.,-			1,477.
- Julian	. Add mies ta unough te. [Column [o] must e	quar omi 330, rat	,, coluii	(U), III (C)	<u> </u>					-, -, -

'N	THE	II.S	- TNC -

	See Form 990, Part X, line 12	•	
(a) Description of security or category (including name of security)	(b) Book value	_) Method of valuation: or end-of-year market value
inancial derivatives			
Closely-held equity interests		-	
other			
		<u> </u>	
			
otal. (Col (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments - Program Related.	. See Form 990, Part X, li <u>ne 1</u>		A Markhard of valuations
(a) Description of investment type	(b) Book value) Method of valuation: or end-of-year market value
			end of year market value
			· · ·
		_	
			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)			
	·	·	
Part IX 1 Other Assets See Form 990 Part X II	ine 15		
			(b) Book value
	ine 15. (a) Description		(b) Book value
			(b) Book value
	(a) Description		(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B)	(a) Description		(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B)	(a) Description	(b) Amount	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability	(a) Description	(b) Amount	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability dederal income taxes	(a) Description	(b) Amount 8,801.	(b) Book value
otal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability ederal income taxes	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part . (a) Description of liability Tederal income taxes	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability Tederal income taxes	(a) Description		(b) Book value
Fotal. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part (a) Description of liability Federal income taxes	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability Federal income taxes	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability Federal income taxes	(a) Description		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part 1. (a) Description of liability Federal income taxes	(a) Description		(b) Book value

Schedule F

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN LATVIAN ASSOCIATION

Employer identification number

IN THE U.S., INC.

53-0215408

Pa			ctivities Ou	tside the United States. Compl	ete if the organization answered	i "Yes"
	to Form 990, Pa					
1	_			ds to substantiate the amount of the g	<u> </u>	
	grantees' eligibility for t	the grants or assi	stance, and the	selection criteria used to award the gra	ants or assistance?	Yes No
2	For grantmakers. Des	cribe in Part IV th	e organızation's	procedures for monitoring the use of g	rant funds outside the United S	States.
3_	Activities per Region. (Use Schedule F-1	(Form 990) if ac	dditional space is needed)		
	(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 for region
EURC	DPE - LATVIA	o	0	GRANTS AND SCHOLARSHIPS TO RECIPIENTS LOCATED IN THE REGION		297,092.
	<u> </u>					
		-				
						
	 				·	
<u>Total</u> LHA		o aperwork Reduc	0 tion Act Notice	, see the Instructions for Form 990.	Schedule F	297,092. F (Form 990) 2009

AMERICAN LATVIAN ASSOCIATION

IN THE U.S., INC.

53-0215408

Page 2

Schedule F (Form 990) 2009 IN THE U.S., INC.

Specific 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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		LATVIA	SUPPORT FOR ORPHANS & CHILDREN	265339.	265339.WIRE TRANSFER	0		
						_		
2 Enter total number of the IRS, or for which t	recipient organizatio he grantee or couns	ns listed above that are el has provided a sectior	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	foreign country,	recognized as tax-ел	empt by		1
3 Enter total number of other organizations or entitles	other organizations	or entitles				A		

23

Schedule F (Form 990) 2009

932072 02-01-10

AMERICAN LATVIAN ASSOCIATION

IN THE U.S., INC.

Schedule F (Form 990) 2009 IN THE U.S., INC. Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Page 3

53-0215408

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
FOR MEDICAL STUDIES IN HOLAND LATVIA	LATVIA	0	9 850	WIRE TRANSFER	0		
FOR RADIOLOGY STUDIES IN GERMANY	LATVIA	0		WIRE TRANSFER	o		
INVENTORY CAFALOGING AT HISTORICAL MUSEUM	LATVIA	0	1,500.	HIRE TRANSFER	0.		
FOR MEDICAL STUDIES	LATVIA	0	3,280.	WIRE TRANSFER	.0		
ANNUAL PRINTMAKING AWARD	LATVIA	0	. 500.	500, WIRE TRANSPER			
WRITING OF ORIG, COMPOSITION FOR 2 CELLOS	LATVIA	0	1,075.	WIRE TRANSPER	.0		
CD PRODUCTION OF PIANO/CHAMBER MUSIC	LAŢVIA	0	1,300.	WIRE TRANSFER	.0		
FOR UPDATING HOME PAGE REGULARLY	LATVIA	0	*908	805. WIRE TRANSFER	.0		
LOM SCHOLARSHIP	LATVIA	0	2,500,CHECK	СНЕСК	0		
						Schedu	Schedule F (Form 990) 2009

THE ALA

GRANT IS AWARDED, THE APPLICANT MUST CONFIRM WITH ALA THAT THE SUPPORT

CULTURAL FOUNDATION ALSO REQUIRES THAT THE APPLICANT MUST SEND 2 COPIES

OF ITS FINAL PRODUCT. THE COOPERATION WITH LATVIA SERVICE MONITORS ITS

FUNDS BY REQUIRING AN ANNUAL SUMMARY OF THE GRANTS RECEIVED BY EACH

WILL BE USED FOR EXPENSES SPECIFIED IN THE GRANT APPLICATION.

					
		<u> </u>		···	
.					
			<u> </u>		
		 			
					
					

RECIPIENT.

Schedule I (Form 990) 2009 2 [] × **Employer identification number** 53-0215408 Open to Public OMB No. 1545-0047 2009 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed in an address of organization (b) FIN (c) IRC section (d) Amount of (h) Amount of (h) Method of (h) Discription of (h) Purpose 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 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 (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. (d) Amount of cash grant LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable AMERICAN LATVIAN ASSOCIATION Enter total number of section 501(c)(3) and government organizations Part 1 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? IN THE U.S., Enter total number of other organizations 1 (a) Name and address of organization or government Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part #

Schedule | (Form 990) 2009 IN THE U.S., INC.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

53-0215408

(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
SCHOLARSHIP; ACADEMIC SCHOLARSHIP -WESTERN MICHIGAN	1	1,500.	.0		
SCHOLARSHIP: VETERINARY STUDIES	+	12,000.	.0		
SCHOLARSHIP: LOM SCHOLARSHIP FOR SUMMER INTERN	1	2,500.	.0		
AWARD: SCHOOL ACHIEVEMENT AWARD	11	630 .	0.0		
SCHOLARSHIP; ACADEMIC SCHOLARSHIP -SUMMER COURSES	4	S 60	0		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	e the informatio	n required in Part I, I	lne 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: DEPENDING	NO	THE PROGRAM	SERVICE,	EACH ONE HAS	
ITS OWN WAY OF MONITORING THE USE	OF GRANT	FUNDS IN	THE UNITED	STATES. THE	
OFFICE OF CULTURAL AFFAIRS REQUIRES	THAT	EXPENSES BE	PAID BASED UPON	D UPON THE	
RECEIPT OF ACTUAL EXPENSES INCURRED	AND	SOMETIMES AD	DITIONAL D	ADDITIONAL DOCUMENTATION	
IS REQUIRED, INCLUDING EVENT PROGRAMS		TICKETS TO EV	EVENTS, AND	FOLLOW-UP	
CORRESPONDENCE. TO BE CONSIDERED	IN RECIE	CIEVING FUNDS,	THE ALA	CULTURAL	
FOUNDATION REQUIRES A BUDGET SPECIFYING	FYING HOW	W THE FUNDS	WILL BE	SPENT AND	
THEN EACH IS REVIEWED AND VOTED ON	. AFTER	R THE GRANT	T IS AWARDED,	ЕD, ТНЕ	
APPLICANT MUST CONFIRM WITH ALA THAT	THE	SUPPORT WAS	USED FOR	EXPENSES	
932102 02-02-10		27			Schedule I (Form 990) 2009

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	53-0215408 Page 2	
AMERICAN LATVIAN ASSOCIATION	IN THE U.S., INC.	Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule (Form 990), Part III.)
	Schedule I-1 (Form 990) 2009	Part II Continuation of Grants a

(a) Type of grant or assistance recipients cash grant cash assistance recipients cash grant cash 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
SCHOLARSHIP: ACADEMIC SHOLARSHIP PALL SEMESTER	1.	1,500.	0		
SCHOLARSHIP: ACADEMIC SCHOLARSHIP (UNIV, OF PITTSBURGH)	1.	1,500.	.0		
SCHOLARSHIP: ACADEMIC SCHOLARSHIP (TEMPLE UNIVERSITY)	1.	750.	0.		
GRANTS: ACADEMIC SHOLARSHIP FOR "KURSA" STUDENTS	15.	3,000	0		
SCHOLARSHIP; ACADEMIC SCHOLARSHIP	'n	6,575,	.0		
GRANT: INVENTORY CATALOGING AT HISTORICAL MUSEUM	ri T	1,500.	o		
SCHOLARSHIP: STUDENT SCHOLARSHIPS	T.	10,000.	°		
					Schedule I-1 (Form 990) 2009

AMERICAN LATVIAN ASSOCIATION

Schedule I (Form 990) 2009 IN THE U.S., INC. Part IV. Supplemental Information	53-0215408 Page 2
	
SPECIFIED IN THE GRANT APPLICATION. THE ALA CULTURAL FOUNDA	ATION ALSO
REQUIRES THAT THE APPLICANT MUST SEND 2 COPIES OF ITS FINAL	L PRODUCT. THE
SPORTS OFFICE ALSO REQUIRES THAT THE TREASURER RETAIN SUFF	ICIENT EVIDENCE
TO SUBSTANTIATE ALL EXPENDITURES.	
	· · · · - · · - · · · · · · · · ·
	
	Schedule I (Form 990) 2009

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

AMERICAN LATVIAN ASSOCIATION IN THE U.S., INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 53-0215408 \end{array}$

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND GROWTH OF THE AMERICAN LATVIAN COMMUNITY
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CULTURAL FOUNDATION
EXPENSES \$ 32009. INCLUDING GRANTS OF \$ 25200. REVENUE \$ 0.
INFORMATION OFFICE
EXPENSES \$ 24150. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
ALA PUBLISHING HOUSE
EXPENSES \$ 21469. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CONGRESS
EXPENSES \$ 31368. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
CULTURAL OFFICE
EXPENSES \$ 8220. INCLUDING GRANTS OF \$ 900. REVENUE \$ 0.
MEMBERSHIP OFFICE
EXPENSES \$ 11390. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
LATVIAN INSTITUTE
EXPENSES \$ 7559. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SPORTS OFFICE

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

SCHEDULE O (Form 998)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury Internal Revenue Service ► Attach to Form 990.

Open to Public Inspection

AMERICAN LATVIAN ASSOCIATION Name of the organization

Employer identification number

IN THE U.S., INC.	53-0215408
EXPENSES \$ 12267. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
SPECIAL PROJECTS	
EXPENSES \$ 14969. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
GENERAL AND ADMINISTRATIVE EXPENSES ALLOCATED TO PROGRA	MS
EXPENSES \$ 72868. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
FORM 990, PART VI, SECTION B, LINE 11: A DRAFT FORM 990	IS GIVEN TO THE
BOARD OF DIRECTORS FOR REVIEW BEFORE IT IS FILED. ONCE	THE BOARD AGREES
WITH ALL THE RELATED INFORMATION INCLUDING REVENUE AND	CONTRIBUTIONS,
EXPENSES INCLUDING BOTH MANAGEMENT & GENERAL AND PROGRA	M SERVICES, AND
GRANTS THEN THE ACCOUNTANTS FINALIZE THE FORM 990. THE	FORM IS THEN SIGNED
BY THE AUTHORIZED OFFICER AND FILED WITH THE IRS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION	MAKES THESE
AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 2C:	
THE PROCEDURE HAS NOT CHANGED FROM THE PRIOR YEAR.	

 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. Related Organizations and Unrelated Partnerships LATVIAN ASSOCIATION INC. IN THE U.S., AMERICAN Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

2009 Open to Public Inspection

OMB No 1545-0047

Direct controlling

entity

Employer identification number 53-0215408

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets Total Income Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II Part

Direct controlling entity status (if section Public charity 501(c)(3)) **e** σ CINE 9 LINE **Exempt Code** section ত 501(C)(3) 501(C)(3) Legal domicile (state or foreign country) MARYLAND MARYLAND Primary activity ₽ 52-1037082, 400 HURLEY AVENUE, ROCKVILLE, WORLD FEDERATION OF FREE LATVIANS Name, address, and EIN of related organization ROCKVILLE, ND 20850 JBANC - 52-1647811 400 HURLEY AVENUE 20820

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

932161 02-04-10

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AMERICAN LATVIAN ASSOCIATION

Schedule R (Form 990) 2009 IN THE U.S., INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

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General or managing partner? Percentage ownership Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) S Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ਉ Legal domicile (state or foreign country) ত্ 33 Direct controlling entity Primary activity ত্ত Legal domicite (state or foreign country) ত্ Primary activity ê Name, address, and EIN of related organization Name, address, and EIN of related organization e 932162 02-04-10 Part IV

Schedule R (Form 990) 2009 IN THE U.S., INC.

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Part V Transactions With Related Organizations (Complete If the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		Ta X
b Glift, grant, or capital contribution to other organization(s)		1b X
c Gift, grant, or capital contribution from other organization(s)		Jc X
d Toans or loan custantages to or for other organization(s)		×
 Loans or loan guarantees by other organization(s) 		10
f Sale of assets to other organization(s)		1f X
a Dirchase of sesets from other organization(s)		×
h Exchange of assets		4 +
i Lease of facilities, equipment, or other assets to other organization(s)		1i X
J Lease of facilities, equipment, or other assets from other organization(s)		1j X
k Performance of services or membership or fundraising solicitations for other organization(s)		
l Performance of services or membership or fundraising solicitations by other organization(s)		×
m Sharing of facilities, equipment, mailing lists, or other assets		
n Snaring of paid employees		d ul
 Reimbursement paid to other organization for expenses 		10 X
p Reimbursement paid by other organization for expenses		Tp X
a Other transfer of cash or property to other organization(s)		Ta X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	transaction thresholds.	- - - - -
	4.1	1.1
Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
T.		
(2)		
(3)		
(4)		
(9)		
34	Schec	Schedule R (Form 990) 2009

AMERICAN LATVIAN ASSOCIATION

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INC.

IN THE U.S., Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) (b)	(b)	9	6)	(e)	9	(6)	3
			}			6	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Ulspropor- tionate allocations?	amount in box 20	General or managing partner?
			Yes No			(Form 1065)	1
					-		
	•						
			_				
		j					
							_
							-

Form **88,68** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue	Service	File a Si	eparate application for ea	ach return.				
If you are f Do not comp	iling for an Additional (plete Part II unless you	3-Month Extension, comp Not Automatic) 3-Month E I have already been granted	xtension, complete onl I an automatic 3-month e	y Part II (on page 2 of the extension on a previously	•			
Part I	Automatic 3-Mo	onth Extension of Tim	16. Only submit original	(no copies needed).				
Part I only		90-T and requesting an auto				. ▶□		
All other corp to file income		0-C filers), partnerships, RE	MICs, and trusts must us	e Form 7004 to request	an exte	nsion of time		
noted below ((not automati you must sub	(6 months for a corpora ic) 3-month extension o pmrt the fully completed		90-T). However, you cann 6069, or 8870, group ret	ot file Form 8868 electro urns, or a composite or o	onically i consolid			
	lame of Exempt Organi:				Emp	oloyer identification number		
•	MERICAN LAT IN THE U.S.,	VIAN ASSOCIATI	ON		5	3-0215408		
filing your	due date for Number, street, and room or suite no. If a P.O. box, see instructions. 400 HURLEY AVENUE							
filing your return See Instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions.								
	ROCKVILLE, M							
X Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870								
Telephone If the organ If this is for	THE ASSOCIATION The books are in the care of 400 HURLEY AVENUE - ROCKVILLE, MD 20850-3121 Telephone No. (301) 340-1914 FAX No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.							
Is for the	e organization's return calendar year 2009 tax year beginning	for: or	pt organization return for	the organization named	above.			
2 If this ta	ax year is for less than 1	2 months, check reason:	Initial return	Final return		Change in accounting period		
3a If this ap	oplication is for Form 99	90-BL, 990-PF, 990-T, 4720,	or 6069, enter the tenta	tive tax, less any				
	ndable credits. See ins				3a_	\$		
•		90-PF or 990-T, enter any re		mated				
		ny prior year overpayment a			3b_	\$		
		from line 3a. Include your p						
		required, by using EFTPS (E	Electronic Federal Tax Pa	iyment System)	3c	\$ N/A		
266 iust	tructions.				1 30	Ψ		

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.