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. 990

Department of the Treasury

Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2010

Open to Public Inspection

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

For the 2010 calendar year, or tax year beginning 2010, and ending 20 C Name of organization LATVITAS BRIVIBAS D Employer identification number Check if applicable FONDS Doing Business As 23 732 5700 Address change Number and street (or P O box if mail is not delivered to street address) E Telephone number Room/suite Name change 400 Hurley Ave (301) 340-7674 Initial return City or town, state or country, and ZIP + 4 ☐ Terminated Rockville 20850-3121 G Gross receipts \$ \35,338 MD Amended return Name and address of principal officer John Lucs ( Pres.) H(a) Is this a group return for affiliates? Yes No. Application pending 930 Hoover Dr. North Brunswick N5 08902 H(b) Are all affiliates included? Yes No If "No," attach a list (see instructions) 501(c)(3) ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527 501(c) ( Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association Other L Year of formation 1973 M State of legal domicile Part I Summary Briefly describe the organization's mission or most significant activities: Provide support for the educational and cultural programs and activities of Governance World Federation of Free hatvians, Inc - 501(c)(3) org. and other organizations with similar goals and purposes 2 Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 part time Total number of volunteers (estimate if necessary) . . . . . 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) . 94 446 86.163 9 Program service revenue (Part VIII, line 2g) 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 175 54,969 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 49.415 338 35. 13 Grants and similar amounts paid (Part IX, column<sub>-</sub>(A), lines 1-3) . . . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . 0 O 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 4616 24 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 246.562 349,690 18 Total expenses. Add lines 13-17 (must-equal Part IX, column (A), line 25) 351,932 251178 19 Revenue less expenses. Subtract line 18 from line 12 (101, 763) (216 594 End of Year Beginning of Current Year 20 Total assets (Part X, line 16) 835.738 768, 865 21 Total liabilities (Part X, line 26) . . . 0 0 22 Net assets or fund balances. Subtract line 21 from line 20 835 1768. 865 Part II Signature Block Under penalties of periuny, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 30. Sign ure of officer Latvijas Brivibas Fonds, LTD Here John Lucs Type or print name and title Print/Type preparer's name Preparer's signature Date Paid Check if Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶ Phone no May the IRS discuss this return with the preparer shown above? (see instructions) 🗌 Yes 🔲 No

2/7

Part I	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
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 \$ 344,450 including grants of \$ ) (Revenue \$ )
	Free hutvians. Inc for support of its educational and cultural programs; \$57950 was provided to Vitalu funds for scholarships; \$9,500 was provided Rigas Brahu Kapu fonds/national cemetary foundation
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	(Onder 1) (Devenue C. 1) (Devenue C. 1)
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue \$)
<u> </u>	
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ># 3 HH U GO

Form 99			F	age 3
Part	Checklist of Required Schedules			
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	Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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? <i>If "Yes," complete Schedule D, Part II</i>	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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	i per	Х
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a b	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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, Parts II and IV.	14b		×
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, Parts III and IV	15		×
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 (see instructions)	17		×
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		×
20 a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Form **990** (2010)

Part	Checklist of Required Schedules (continued)	,		
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	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		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		Х
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		×
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		×
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		×
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
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		×
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</i> "Yes," <i>complete Schedule R, Part I</i>	33		×
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 a	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	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		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	_	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 192 Note. All Form 990 filers are required to complete Schedule O	20	X	

Part V	Statements Regarding Other IRS Filings and Tax Compliance								
	Check if Schedule O contains a response to any question in this Part V								

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   D		v fer all
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b O		arrana Arran
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		1 (1) 1 (1)
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1	1946 St	i a t
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b 🗡	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	<u>×</u>
þ	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	\ \v	
_	account)?	4a X	
b	If "Yes," enter the name of the foreign country: > Canada + Australia		i i i i
_	See instructions for 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	<u>×</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
Va	organization solicit any contributions that were not tax deductible?	6a	Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	0a	
-	gifts were not tax deductible?	6ь	
7	Organizations that may receive deductible contributions under section 170(c).		
a	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	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		
	required to file Form 8282?	7c	×
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<b>X</b> _
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	-a : 4: <b>21:</b> 21
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	45 E 15 Te.	
_	organization, have excess business holdings at any time during the year?	8	e e e e e e
9	Sponsoring organizations maintaining donor advised funds.		
a b	Did the organization make any taxable distributions under section 4966?	9a	
10	Section 501(c)(7) organizations. Enter:	9b	
а	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b		
11	Section 501(c)(12) organizations. Enter.		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources		
	against amounts due or received from them )		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	DESCRIPTION OF
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which		
	the organization is licensed to issue qualified health plans		
C	Enter the amount of reserves on hand		是起
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	
<u> </u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b j Form 990	1 (0000
		Form 99U	(2010)

Part				
	"No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change O. See instructions.	es in	SCH	eauie:
	Check if Schedule O contains a response to any question in this Part VI			
Section	on A. Governing Body and Management	<u> </u>		<del></del>
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year   1a 16			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		X
6	Does the organization have members or stockholders?	6	<u> </u>	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
Ъ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	lenteralne	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	—
ь 9	Each committee with authority to act on behalf of the governing body?	8b	×	<del>                                     </del>
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
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	1 - 1	ode	1
	the state of the s	-	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done.	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		10.57	
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	X
ь	Other officers or key employees of the organization	15b	E-CETAGE-IA	A NAME OF THE PARTY OF THE PART
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
b	with a taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	16a		
	participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	1.00	1	<del></del>
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)(c) for public inspection. Indicate how you make these available. Check all that apply	3)s onl	y) av	aılable
	☐ Own website ☐ Another's website ☒ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict and financial statements available to the public.	of inte	rest	policy
20	State the name, physical address, and telephone number of the person who possesses the books and records			
	organization: Brigita Kurbis - 400 Hurley Ave, ROCKVILLE, MD 2	085	.0	

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-orm	990	120101	

Daga 7

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	Positi	ion (c	(C heck:		that ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (describe hours for related organizations in Schedule O)	Individual tr	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
1) John Lucs President	8			X				0	0	0
2) Rasma Plato (parttime) Bookkeeper	1.5					×		1860	۵	۵
BOOKKERPEY  3) Martins Sausins BOARD Chairman	0.5	×		×				۵	۵	۵
4) Ints Rupners Board V-Lhairman	0.4	×		×				0	0	۵
5) Juris Rungls Board Member 5) Valdis Karklis	0.4	X						0	0	0
6) Valdis Karklis Board Member	0.4	X						٥	0	D
7) There are 12 other Board members - none received compens B)	ation	×						0	0	O
9)										
0)										
1)										
2)									}	
3)										
4)										
15)										
16)							-			

	Section A. Officers, Directors, Tru:  (A)  Name and title	(B) Average			(0	<b>&gt;</b> )	that ap		(D) Reportable	(E) Reportab		(F) Estimated
		hours per week (describe hours for related organizations in Schedule O)	Individual tr or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation related organization (W-2/1099-M	n from	amount of other compensation from the organization and related organizations
(17)												
(18)												
(19)								<u></u>				
(20)												
(21)												<del> </del>
(22)												
(23)												
(24)						!						
(25)								-				
(26)												
(27)												
(28)												
1b	Sub-total		<u> </u>	L	<u> </u>			<b></b>	1860			<del></del>
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)							<b>&gt;</b>	1860			
2	Total number of individuals (including bu	t not limited								ore than \$1	00,000	ın
3	Did the organization list any former o employee on line 1a? If "Yes," complete	fficer, direc	ctor o	or tr	uste	ee,	key e	emp	ployee, or high	nest compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	porta an \$	ble 150,	con ,000	npe )? <i>I</i>	nsatio f "Ye	on a s,"	ind other complete Sci	pensation fr hedule J fo	om the	
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe comp	nsa lete	tion <i>Scl</i>	fro nedi	m any	ur for s	related organi such person	zation or inc		
Section	on B. Independent Contractors		-									
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	ent	contr	act	ors that receiv	ed more tha	an \$100	),000 of
	(A) Name and business add	iress							(B) Description of	services		(C) Compensation
	None					-						
	Total number of independent contractor	ors (include	na h	ıt n	not	lımı	ted to	7 +1	nose listed ab	novel who	led a real pure	enje ali projektej popijalje projek
~	received more than \$100,000 in compens	sation from	the o	rgar	niza	tion		. II	iose iisteu at	ovel MIIO		

Part	VIII	Statement of Rev	enue		<u> </u>			
	1	Territoria de la companya della companya della companya de la companya della comp	**	1	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
E S CO	<u>-10</u> 1a	Federated campaigns	<u>i diamente di</u>	1a	4 	revenue	4" p" pt gu 's gr	512, 513, or 514
grants nounts	b	Membership dues .	ļ~-	1b				p F
g or	C	Fundraising events .		1c	<u>루</u> 럴, 설,		,	,
ifts r aı	d	Related organizations	<u> </u>	1d				
s, g	e	Government grants (con		1e	141	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]		1-6
sin	f	All other contributions, gi		16	· 通過 图 图 图 图			The state of the s
bet F	•	and similar amounts not inc		1f 86,163	122 - 14 - 57			
i di	g	Noncash contributions includ	L.				- <del> </del>	
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1			86,163		1000年 经重量公司	
				Business Code				
Program Service Revenue	2a			<del></del>	, management of the contract of	the state of the state of	to graph and the confidence of	1
æ	b							
ice	С							
Š	d				-			
Ē	е							
ogu	f	All other program sen						
مة	g	Total. Add lines 2a-2			0	自転送が出ている。		·明·中·日·西·西·西·西·西·西· · · · · · · · · · · · ·
	3	Investment income			110	110.55		
		and other similar amo			49,175	49 175		
	4	Income from investmen			0			
	5	Royalties	, , , , , ,	<b>.</b>	0	Fortunar		
			(i) Heai	(ii) Personal				
	6a	Gross Rents						
-	b	Less rental expenses Rental income or (loss)						
ļ	c d	Net rental income or (						E. Marting B. T.
	7a	Gross amount from sales of	(i) Securitie	s (ii) Other				
		assets other than inventory	.,					
	ь	Less cost or other basis						
		and sales expenses .						
	С	Gain or (loss) ,						
	d	Net gain or (loss) .		<b>&gt;</b>	0		Company of the Compan	
•								
evenue	8a	Gross income from fu	ındraısıng					
, ve		events (not including \$						
		of contributions reporte		) <b>.</b>				
Other R		•		a				
ŏ	b	Less direct expenses		b				
	C	Net income or (loss) f Gross income from ga			0			
	Ja		ining activiti					
	ь	Less direct expenses		~ <u> </u>				
	C	Net income or (loss) f		b activities	0	<b>医</b> 基氏性 (1) 医动物 (1)		
	L	Gross sales of in				The state of the s		12. 11-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
		returns and allowance		a				
	ь	Less cost of goods s		b	There is a second			
	С	Net income or (loss) f		- L	0	THE WAY THE PROPERTY OF	aren a a la la different Marie Marie Company	Blad
		Miscellaneous F		Business Code			Este Partie	TE TENENT A WATER
	11a					1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	The state of the s	**************************************
	b							
	С		•••••					
	d	All other revenue						
	е	Total. Add lines 11a-			0	r, then the Water grown or the	a told refraction	A Total Control of the Control of th
	12	Total revenue. See II	nstructions	<b>&gt;</b>	135338	135338	1	

# Part IX Statement of Functional Expenses

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

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

	All other organizations must complete co	numin (A) but are not	requirea to comple	ete columns (B), (C),	ano (D).
	not include amounts reported on lines 6b, 3b, 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		· <del>··</del>	The second of the second of the second	Tanana A. J. J. J. Walin
	organizations in the U.S. See Part IV, line 21			andra i fill statut i a an china i Sirica	Children and the children and a
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				William and the second
	U.S See Part IV, lines 15 and 16 .				
4					
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	1860		1860	
8	Pension plan contributions (include section 401(k)	1960		1000	
Ū	and section 403(b) employer contributions)				1
_				ļ	
9	Other employee benefits		<del></del>	<del> </del>	
10	Payroll taxes	382		382	
11	Fees for services (non-employees):				
а	Management				
b	Legal		"		
С	Accounting	400		400	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .		ulife & Militaria di 1.1 mate 1 de . Historien.	E. California Ti. att. r. ali Litter Sin santonin	<u> </u>
g g	Other				
12					
	Advertising and promotion			7.0.	
13	Office expenses	720		720	
14	Information technology			ļ <u>_</u>	
15	Royalties				
16	Occupancy				
17	Travel	1357		1357	
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				<del>                                     </del>
22	Depreciation, depletion, and amortization .				
23	Insurance	2125		2125	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
		<b>日,沙山上海岸上市</b>			
a	World Federation of Free Latians Inc	277,000	277.000		
b	Vitalu fonds	57,950	57,950		
C	Rigas Bralu Kapu fonds	9,500	9,500		
d	· · · · · · · · · · · · · · · · · · ·				
е	***************************************				
f	All other expenses Misc	638		638	
25	Total functional expenses. Add lines 1 through 24f	351,932	344.450	7482	
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column		1	1	
	(B) joint costs from a combined educational		1		
	campaign and fundraising solicitation	1			

Part X	Balance Sheet			<del></del>
		(A) Beginning of year	•	(B) End of year
1	Cash—non-interest-bearing	988	1	1,071
2	Savings and temporary cash investments	48608	2	60,573
3	Pledges and grants receivable, net	<u> </u>	3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
<u>න</u> 6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
Assets	Notes and loans receivable, net	12,635	7	5000
8   <del>§</del>	Inventories for sale or use	(2,033	8	3000
9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
b	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities	1773.507	11	1.702,221
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1835 738	16	1,768,865
17	Accounts payable and accrued expenses	,	17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21 21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities 22 22 22 22 22 22 22 22 22 22 22 22 22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			
23	·	<u> </u>	22	
24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities Complete Part X of Schedule D	*	24	<u> </u>
26	Total liabilities. Add lines 17 through 25	0	25 26	
S G	Organizations that follow SFAS 117, check here ▶ ☐ and complete		20	
2 2	lines 27 through 29, and lines 33 and 34.			
E 27	Unrestricted net assets		27	
8 28 0 29	Temporarily restricted net assets		28	_
Net Assets or Fund Balance	Permanently restricted net assets .  Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.		29	
ō   ชู   30		こう ない なっこ	20	
31	Paid-in or capital surplus, or land, building, or equipment fund	533,100	30	533,100
∯ 31 <b>4</b> 32	Retained earnings, endowment, accumulated income, or other funds.	1200 ( 3 0	31	0
33		1302,638	32	1,235,765
Ž 34	Total net assets or fund balances	(835 738	33	1,768, 865
10-4	, star nation and not added name parameter	1835 738	34	1, 768, 865 Form 990 (2010

Earm	aan	(2010)	

Page **12** 

Part	Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI			
	Check if Schedule O contains a response to any question in this Part XI	· · ·	• •	
1	Total revenue (must equal Part VIII, column (A), line 12)	35,3	38	
2		51,9		
3		216,5		
4	r	. 835,	_	
5	Other changes in net assets or fund balances (explain in Schedule O)	149		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	768,8		
Part	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			
			Yes	No
1	Accounting method used to prepare the Form 990: X 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		$\overline{X}$
b	Were the organization's financial statements audited by an independent accountant?	2b		×
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	-	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
_	issued on a separate basis, consolidated basis, or both			
	☐ 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	usa raga		200
	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	1	
		Forn	n <b>990</b>	(2010

### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Brivibas Fonds

Employer identification number 23 732 5700

Pai	it Reason f	or Public Cha	<b>rity Status</b> (All orga	<u>anızatıon</u>	s must c	omplete	this pai	rt.) See ı	nstructio	ons.
The o			ation because it is: (Fo		-		•			
1			hes, or association of			ed in <b>sec</b>	tion 170	(b)(1)(A)(i	).	
2		ol described in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the								
4	hospital's nam	ne, city, and stat	e:							
5		on operated for the benefit of a college or university owned or operated by a governmental unit described in b)(1)(A)(iv). (Complete Part II.)								
6 7	An organization	federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).  In organization that normally receives a substantial part of its support from a governmental unit or from the general public escribed in section 170(b)(1)(A)(vi). (Complete Part II.)								
8			n <b>section 170(b)(1)(A</b>							
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. So	tions—sui	bject to o	certain e xable ind	come (les	s, and (2) ss sectio	no more	than 331/3% of its
10	☐ An organization	on organized and	l operated exclusively	to test fo	or public s	safety. Se	e <b>sectio</b>	n 509(a)(	4).	
11	An organization	on organized ar one or more pub	nd operated exclusive objects supported organ describes the type of	ely for th	ne benefi describe	t of, to d in sect	perform to 100 (a	the funct a)(1) or se	ions of, ection 50	9(a)(2). See section
	a Type				e III–Fun					Type III–Other
е			that the organization				_		_	
_			ers and other than on-							
	or section 509					• •	Ŭ			(-)(.)
f	If the organiz	ation received a	a written determination	on from	the IRS 1	that it is	a Type	I, Type I	ll, or Typ	e III supporting
	-	check this box								🗆
g	Since August following pers		he organization acce	pted any	gift or co	ontributio	n from a	ny of the	)	
	• • • • • • • • • • • • • • • • • • • •	-	ndirectly controls, eitody of the supported		_		persons 	describe	d ın (ıı) ar	nd Yes No
			on described in (i) abo	_						11g(iı)
			a person described in							11g(iii)
h			on about the support							
(i)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the orga	ou notify nization in of your port?	organizat (i) organi	s the tion in col zed in the S ?	(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
A)	orld Federation rec <u>latrians</u> Inc	52-1037082	501(4)(3)	X		×		X		277,000
	litolu fonds				×	X			×	57,950
C) (	Rigan Bralu				×	×			×	9,500
D)	Capu fonds				<u> </u>					1
			-	-			_			
E)							_			
rota	1						i			344,450

Total

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Secti	on A. Public Support	-					
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	58,091	201,277	37,113	94,446	86,163	477,20
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	0	0	0	0	0	٥
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	۵
4	Total. Add lines 1 through 3	58092	201,277	37,223	94446	86,163	477.20
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)		•				۵
6	Public support. Subtract line 5 from line 4.		· · · · · · · · · · · · · · · · · · ·		<b> </b>	· · · · · · · · · · · · · · · · · · ·	477,201
Secti	on B. Total Support			<u> </u>		<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	58.092	201277	37223	94,446	86163	477,201
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	122,329	208,877	232,829	54,969	49,175	668,17
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	۵	0	٥
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	۵	O	0	۵	0	0
11	Total support. Add lines 7 through 10						114538
12	Gross receipts from related activities, etc	. (see instruction	ons)			12 0	
13	First five years. If the Form 990 is for the						
	organization, check this box and stop he	re			<u> </u>	·	· · <b>&gt;</b> 🗀
	on C. Computation of Public Support			<del></del>			
14	Public support percentage for 2010 (line		-		•	14 6	11.6 %
15 160	Public support percentage from 2009 Sci 331/3% support test—2010. If the organi				d line 14 ie 221	15	%
ioa	box and <b>stop here</b> . The organization qua				u line 14 is 33	73% or more, c	
b	331/3% support test—2009. If the organ	•	•	•	r 16a and line	 . 15 is 331,2%	. ► ⊠
	check this box and <b>stop here</b> . The organ						. <b>▶</b> □
17a	10%-facts-and-circumstances test—2	•			•	sa or 16b and	line 14 is
174	10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts-	and-circumsta	nces" test, che	eck this box ai	nd <b>stop here.</b> I	Explain in
þ	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization in supported organization	tion meets the neets the "facts	facts-and-c	rcumstances"	test, check ti	nis box and <b>st</b>	op here.
18	Private foundation. If the organization d	id not check a	box on line 13				
	instructions	. <u> </u>	<u> </u>		<u> </u>	<u></u>	· · _ <b>&gt;</b> _

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	"					
	organization's benefit and either paid						
	to or expended on its behalf .						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	<del></del>					
	Amounts included on lines 1, 2, and 3	-	<u> </u>				
	received from disqualified persons						
b	Amounts included on lines 2 and 3	-					
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from	A					
•	line 6.)						
Secti	on B. Total Support			·	1		
	dar year (or fiscal year beginning in) ▶	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses	1				<u> </u>	
	acquired after June 30, 1975						
С	Add lines 10a and 10b						_
11	Net income from unrelated business				_		
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1	1		
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		1				
14	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	n, or fifth tax y	ear as a section	n 501(c)(3)
	organization, check this box and stop he	re .					. ▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	<u></u> je				
15	Public support percentage for 2010 (line	8, column (f) d	livided by line 1	13, column (f))	· .	15	%
16	Public support percentage from 2009 Sc					16	%
Secti	on D. Computation of Investment In	come Perce	entage				
17	Investment income percentage for 2010	(lıne 10c, colui	mn (f) divided b	y line 13, colu	mn (f)) .	17	%
18	Investment income percentage from 200	9 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2010. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	ion qualifies as	a publicly supp	orted organizati	on . ▶ 🔲
b	331/3% support tests - 2009. If the organiz	zation did not e	check a box on	line 14 or line	19a, and line 1	6 is more than 3	
	line 18 is not more than 331/3%, check this	box and stop I	<b>here.</b> The organ	ıızatıon qualifies	s as a publicly s	supported organ	ization 🕨 🔲
20	Private foundation If the organization d	id not check a	hay an line 14	19a or 19h	check this hox	and see instru	ctions -

Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).
••••	
•••	
	<del></del>
••••	
•••••	

### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

Brivibas Funds  $\Gamma L$  D732 5700 Form 990, Part VI, Section B, Line 11a Draft copy of Form 990 w/ attachments is submitted to the Board Chairman and Board U-Chairman for review The President of hatrijas Brivibas Fonds, LTD signs files Form 990 with the IRS Form 990, Part VI Section C, Line 19 Latvijas Brivibas Fonds, LTD upon request makes available to public its governing documents, conflict of interest policy and financial statements Form 990, Part XI Line 5 Net assets increase shown represents not increase in value of investments held by the hutrija Brivibas Fonds, LTD primarily at Fidelity Investments