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# Form **990**

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)

2010

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

Open to Public Inspection

ΑF	or the	2010 calendar year, or tax year beginning and e	ending	_	
B c	heck if	AMERICAN LATVIAN ASSOCIATION		D Employer identifi	cation number
	Addres change	IN THE U.S., INC.			
	Name change			53-0	215408
	Initial return Termin ated	1	Room/suite	E Telephone numbe (301	) 340-1914
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	2,229,899
L	Application pending	ROCKVIELDY IID 20030 3121		H(a) Is this a group re	
	param	F Name and address of principal officer:		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
		mpt status: X 501(c)(3)	or 527		list. (see instructions)
		e: WWW.ALAUSA.ORG	I Van-	H(c) Group exemption	
			L Year	of formation 1931	M State of legal domicile MI
100		Summary	IDDODT	THE EDICAT	TONAL
ő	1	Briefly describe the organization's mission or most significant activities: $\frac{ ext{TO}}{-}$ SUCULTURAL, AND ASSISTANCE ACTIVITIES $\frac{ ext{TO}}{-}$ CON	JEFORI	S ON SCHEDU	T.F.O. –
Activities & Governance					
Veri		Check this box  if the organization discontinued its operations or dispos	sea or more	1.	ssets.
Ğ.		Number of voting members of the governing body (Part VI, line 1a)		3	10
8		Number of independent voting members of the governing body (Part VI, line 1b)		4	10
ties		Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	
tivi		Total number of volunteers (estimate if necessary)		6	0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12	•	7a	0.
	b	Net unrelated business taxable income from Form 990-T, line 34	-	7b	
		Ocadal adicas and surviva (Dad MIII has 41)	$\vdash$	Prior Year 237,838.	Current Year 1,771,038.
ne		Contributions and grants (Part VIII, line 1h)		91,353.	79,025
Revenue		Program service revenue (Part VIII, line 2g)	$\vdash$	97,387.	
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	$\vdash$	13,520.	<del></del>
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		440,098.	47,573. 1,945,608.
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		349,375.	285,455
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	-	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	$\vdash$	189,549.	199,268.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u> </u>	0.	0.
ë		Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)	na 📙	<b>U</b> •	
Ĕ			<del>-</del>	379,662.	562,716.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		918,586.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	<478,488.	
es_	19	Revenue less expenses. Subtract line 18 from line 12	Ro	ginning of Current Year	
Assets or Balances	20	Total consts (Dort V. June 16)	100	3,382,914.	End of Year 4,584,722
Asse		Total assets (Part X, line 16)	<b>—</b>	29,146.	13,388.
Net/ Fund	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	-	3,353,768.	4,571,334
		Signature Block		3/333/100.	1/3/1/334
		Ities of perjury, I <sub>i</sub> declare that I have-examined this return, including accompanying schedules	s and statem	ents, and to the best of m	ny knowledge and helief it is
		t, and complete Declaration of preparer (other than officer) is based on all information of wh			.,
<u>,</u>	-	Dava tonentals	F F		· · · · · · · · · · · · · · · · · · ·
Sign		Signature of officer		Date	
Her		VAIRA KOZENTALS TREASURER	ρ,	చ్-	11-2011
	-	Type or print name and title	<del></del>		· · · · · · · · · · · · · · · · · · ·
		Print/Type preparer's name Pregarer's signature	1	Date, Check	PTIN
Paid		SAMIM BIRADAR Samimudeusha	ا بر:	5/10/11 self-employ	ed
Prep		Firm's name GROSSBERG COMPANY LLP		Firm's EIN	<del>-</del>
Use		Firm's address 6500 ROCK SPRING DRIVE, SUITE 20	00		
	•	BETHESDA, MD 20817		Phone no 3	01-571-1900
May	the IF	RS discuss this return with the preparer shown above? (see instructions)	<del> </del>		X Yes No

	Check of Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	SEE PART I, LINE 1	<del></del>
2	Did the organization undertake any significant program services during the year which were not listed on	
-	the prior Form 990 or 990-EZ?	Yes X No
	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.	Yes X No
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		
	EDUCATIONAL PROGRAM: SEEKS TO ENSURE EVERY LATVIAN AMERICAN HAS OPPORTUNITY FOR LEARNING THE LATVIAN LANGUAGE, CULTURE AND HIST COORDINATES THE ACTIVITIES OF AMERICA'S LATVIAN SCHOOLS, CARES CONTINUING EDUCATION NEEDS OF TEACHERS, AND PROVIDES CURRENT TE PROGRAMS AND EDUCATIONAL MATERIALS. ALA WORKS CLOSELY WITH EDUCATIONS IN LATVIA	ORY. IT FOR THE ACHING
<b>4</b> b	(Code:)(Expenses \$27,564. including grants of \$218,200.)(Revenue \$	WITH WITH
4c	(Code:)(Expenses \$139,718. including grants of \$)(Revenue \$	HURCHES, 000 A GISTERED
4d	INTERNATIONAL DEVELOPMENT.  Other program services. (Describe in Schedule O.)	
	(Expenses \$ 296,355 • including grants of \$ 22,585 • ) (Revenue \$ )	
<u>4e</u>	Total program service expenses ► 868, 263.	Form <b>990</b> (2010)
		, Jiii <b>JJJ (</b> 2010

Part 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	<u></u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<del> </del>
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>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		J.
	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			Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Λ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7	•	х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<del> </del>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
	Schedule D, Part III	-		
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		х
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	Х	
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,			1
_	Part VI	11a	Х	
ь	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		Х
c	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 167 If "Yes," complete Schedule D, Part VIII	11c		X
đ	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			l
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	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	11f		Х
12a	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> </b>
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		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14b	х	
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	- <del>''</del>		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del>
	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		х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Х
b	The second secon			
-	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
			990 /	2010)

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,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	1
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	ŀ	Х
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		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	_		
	any tax-exempt bonds?	24c		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		<u>X</u>
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	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	_28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			v
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		$-\frac{\mathbf{x}}{\mathbf{x}}$
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	-	
<b>J</b> 1	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	Schedule N, Part II	32		Х
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		Х
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)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u>X</u>
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	X	
		Form '	990 r	2010)

Form **990** (2010

	990 (2010) IN THE U.S., INC. 53-0215	408	P	age <b>5</b>
Par	t 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			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 1b			
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  2a 4	j		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	i		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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
þ	If "Yes," enter the name of the foreign country: ►			
	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		_X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
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		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ļ
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	ł	1	.,
е	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting		1	
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8	1	ļ.—
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	ł		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources against	ł		
b	amounts due or received from them.)			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	:	1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	i3a	·	<del> </del> -
ú	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			
U	organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand	1		
14a		14a	<u> </u>	X
. 70	pid the diguination receive any payments for meder tarning corridor defining the tax years	. 70		

032005 12-21-10

**b** If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b

AMERICAN LATVIAN ASSOCIATION IN THE U.S., INC. 53-0215408 Form 990 (2010) 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 Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year **b** Enter the number of voting members included in line 1a, above, who are independent 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? ..... X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a 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 Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12h Х to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a X 15b **b** Other officers or key employees of the organization 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 X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

### Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ▶MD

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Another's website X Upon request \_\_\_ Own website

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ASSOCIATION - (301) 340-1914

400 HURLEY AVENUE, ROCKVILLE, MD 20850-3121

IN THE U.S., INC.

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.

Check this box if neither the organization (A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated	
	hours per	(c	(check all tha					compensation	compensation	amount of	
	week (describe hours for	Individual trustae or director	92			ated		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the	
	related	ustee	Institutional frustae		8	ubeus		(W-2/1099-MISC)	`	organization	
	organizations	draf d	tona	_	Key employee	S St Co	<u>بر</u>			and related	
	in Schedule O)	Mg	Instit	Alger Tag	Keye	Highest compensated employee	Form			organizations	
DR. JURIS MEZINSKIS	15 00	.,								0	
PRESIDENT	15.00	X		-			<u> </u>	0.	0.	0.	
ANITA BATARAGS	15 00	,,									
VICE PRESIDENT	15.00	X				-	_	0.	0.	0.	
VAIRA ROZENTALS	20.00									•	
TREASURER	20.00	X		-	_		_	0.	0.	0.	
AIVA LEVINS	2 00		ľ							^	
SECRETARY	2.00	A			<u> </u>	$\vdash$		0.	0.	0.	
IVETA FELZENBERGS	30.00	J.						0.	0.	0	
BOARD MEMBER	30.00	^		-	-	┢	-	0.	0.	0.	
JANIS KUKAINIS	20.00	v						0.	0.	0.	
BOARD MEMBER ANDRIS RAMANS	20.00	<u> </u>	<del>  -</del>	<del> </del>	_	-			0.		
BOARD MEMBER	4.00	x	ŀ					0.	0.	0.	
ERIKS KRUMINS	1 2000									3.	
BOARD MEMBER	10.00	X						0.	0.	0.	
VISVARIS GIGA		$\top$									
BOARD MEMBER	5.00	X						0.	0.	0.	
KAIJA DANKERS											
BOARD MEMBER	5.00	X		<u> </u>				0.	0.	0.	
										!	
		-			_	_			_		
			<u> </u>			_	_				
				-							
	-	-		-							
	<u> </u>			L.,			_	1			

	990 (2010) AMERICAN IN THE U	S., INC	. ·							53-02	154	108	Pa	age 8
Par	t VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est	1	rees (continued)				
	· (A) Name and title	(B) Average hours per week	(cl		Pos all 1	ition	ı app	ly)	(D)  Reportable compensation	(E)  Reportable  compensation  from related		Esti amo	(F) mate ount	
		(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	comp	m the nızat relat	e Ion ed
	**************************************													
														<del></del>
												<del></del>		
									0.		0.			0.
c	Sub-total  Total from continuation sheets to Part VI  Total (add lines 1b and 1c)	I, Section A	•				<b>&gt;</b>		0.		0.			0.
2 	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wh	o r	eceived more than \$100	),000 in reportable	_	<u>.</u>		0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s			, ke	y em	plog	yee,	or h	nighest compensated e	mployee on		3	/es	No X
4	For any individual listed on line 1a, is the su	ım of reportabl	le co						•	the organization				
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>	accrue comper	nsat	ion f	rom	any	unr			idual for services		5		X
Sec 1	tion B. Independent Contractors  Complete this table for your five highest co							rs t	hat received more than	\$100,000 of comp	ensa	ation fro	om .	
	the organization. NONE  (A)  Name and business	address		<del></del>			<u>.</u>		(B) Description of s	services		(C)		 n
							-		-			<u> </u>		
				<del></del>		_			<u>.</u>					
						-								<del></del>
_													.,	
2	Total number of independent contractors (i	nciuaing but n	ot ili	mite	a to	tno	se IIS	itec	i above) who received n	nore tnan				

Form **990** (2010)

\$100,000 in compensation from the organization

IN THE U.S., INC.

Par	t VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts its	1 a	Federated campaigns	. 1a	4,201.				
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b	32,896.				
S, E	С	Fundraising events .	1c					
ar	d	Related organizations .	1d					
S,E	е	Government grants (contribut	ions) 1e	_				
i si	f	All other contributions, gifts, grant	ts, and	-				
		similar amounts not included above	ve 1f	1733941.				
눌위	g	Noncash contributions included in lines	1a-1f \$					
2 g	h	Total. Add lines 1a-1f		<b>&gt;</b>	1771038.			
				Business Code				
g	2 a	ANNUAL FUND DRI		900099	61,517.	61,517.		}
اه کّ	ь	PUBLISHING HOUS	E	451211	14,363.	61,517. 14,363.		
Program Service Revenue	С	MEETINGS AND CO	NFERENC	900099	3,145.	3,145.		
e a	d							
<u>6</u>	е							
ته	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		<b>•</b>	79,025.			
- 1	3	Investment income (including	dividends, intere	est, and				
1		other similar amounts)		▶	97,138.			97,138.
-	4	Income from investment of tax	x-exempt bond p	oroceeds 🕨				
l	5	Royalties		. ▶				
1			(i) Real	(ii) Personal				
!	6 a	Gross Rents	6,040.					
	b	•						
	С	Rental income or (loss)	6,040.					
	d	Net rental income or (loss)		<b>•</b>	6,040.			6,040.
	7 a	Gross amount from sales of	(i) Securities	(iı) Other				
		assets other than inventory	235125.					
	b	Less: cost or other basis						
		and sales expenses	284291.					
		Gain or (loss)	<49166.	1	.40 166			.40 255
		Net gain or (loss)		<b></b>	<49,166.	>		<49,166.
e l	8 a	Gross income from fundraising	g events (not					
je		including \$	of					
ê		contributions reported on line	1c). See					
Other Revenue		Part IV, line 18	a					
ਰੋ		Less: direct expenses	. <b>b</b>					
		Net income or (loss) from fund					·····	<del> </del>
	у а	Gross income from gaming ac						
	_	Part IV, line 19	. a b					
- 1		Less: direct expenses						
		Net income or (loss) from gam						1
Ì	iv a	Gross sales of inventory, less and allowances		1		•		
ŀ	L		a b	ļ				
Ì		Less: cost of goods sold  Net income or (loss) from sale	-					
H	- 6			Business Code				
 	11 -	MISCELLANEOUS	<del>С</del>	Business Code 900099	41,533.	41,533.		1
		TITOCHILIMITOOD		700099	±1,000.		<del>.</del>	<del> </del>
	b							<del></del>
	C C	All other revenue	<del></del>					<del> </del>
	a	Total. Add lines 11a-11d			41,533.			<del> </del>
	е 12	Total revenue See instructions			1945608.	120,558.	0 .	54,012.
1	10	. Citti in Amine Occ instructions	<u> </u>					Form <b>990</b> (2010)

### 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). (A) (B) (C) (D) Do not include amounts reported on lines 6b, Management and general expenses Total expenses Program service Fundrásing 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 31,500. 31,500. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 28,490. 28,490. the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. 225,465. 225,465 See Part IV, lines 15 and 16 Benefits paid to or for members . . . Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 167,562. 63,694. 103,868. Other salaries and wages Pension plan contributions (include section 401(k) 1,766. 3,056. 4,822. and section 403(b) employer contributions) Other employee benefits 12,208. 14,676. Payroll taxes 26,884. 10 Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services See Part IV, line 17 Investment management fees 33,641. 33,641. g 3,427. 3,427. Advertising and promotion 12 42,029. 23,596. 18,433. 13 Office expenses Information technology 14 15 Royalties 4,400. 24,400. 28,800. 16 Occupancy 30,956. 12,225. 43,181. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 12,794. 19,676. 6,882. Conferences, conventions, and meetings 19 20 Interest 21 Payments to affiliates 1,051. 1,051. 22 Depreciation, depletion, and amortization 23 Insurance 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) 241,241. 241,241. SPECIAL PROGRAM EXPENSE PROFESSIONAL FEES 56,616. 56,616. 47,600. 47,600. ALA SUPPORT 19,776. 16,051. 3,725. MISCELLANEOUS FUND DRIVE EXPENSES 10,709. 10,709. 14,969. 91,434. <76,465.> f All other expenses 1,047,439. 868,263. 168,467. 10,709. Total functional expenses. Add lines 1 through 24f Joint costs. Check here I if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

Form **990** (2010)

53-0215408 Page **10** 

solicitation

			AMI	SRICE	N.	LAT	VIAN	Α
Form 990 (				THE	U.	.s.,	INC	•
Part X	Balance	Sheet						

<u> </u>	T	Balance Sneet			(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing	· -		91,176.	1	1,190,700.
l		Savings and temporary cash investments			769,149.	2	533,227
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	• •		3,997.	4	
	5	Receivables from current and former officers, d	irectors trus	tees kev	-,	-	
		employees, and highest compensated employe		-			
		of Schedule L	es. Complete	e i ait ii		5	
	6	Receivables from other disqualified persons (as	defined und	ler section		, , ,	
	•	4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
		employees' beneficiary organizations (see instru		, voluntary		6	
2	7	Notes and loans receivable, net	uctions)	· ·		7	73,693
2	_	Inventories for sale or use			47,862.	8	44,400
~	8 0	*		· · · -  -	982.	9	2,491
	9 0-	Prepaid expenses and deferred charges	1 1		702.	3	2/371
'	0a	Land, buildings, and equipment: cost or other	10a	41,348.	**		
	_	basis. Complete Part VI of Schedule D	10a	39,639.	1,477.	10c	1 700
.		Less: accumulated depreciation	TOD	35,035.	2,451,247.	11	1,709 2,721,478
		Investments - publicly traded securities	4.4				2,121,410
- 1	2	Investments - other securities. See Part IV, line			<del></del>	12	
1		Investments - program-related. See Part IV, line	11			13	
1		Intangible assets			17,024.	14	17 024
		Other assets. See Part IV, line 11	11: 00		3,382,914.	15	17,024 4,584,722
1		Total assets. Add lines 1 through 15 (must equ	iai line 34)		12,345.	16	4,888
		Accounts payable and accrued expenses			12,343.	17	4,000
1,		Grants payable			8,000.	18	8,000
1		Deferred revenue		-	0,000.	19	8,000
2		Tax-exempt bond liabilities			<del></del> .	20	
2		Escrow or custodial account liability. Complete		ļ		21	
2	2	Payables to current and former officers, directo					
		highest compensated employees, and disqualif	iea persons.	Complete Part II			
٠   <u>-</u>	_	of Schedule L			<del></del>	22	
2		Secured mortgages and notes payable to unrel				23	
2		Unsecured notes and loans payable to unrelate	•	es <u> </u>	0 001	24	500
2		Other liabilities. Complete Part X of Schedule D		·  -	8,801. 29,146.	25	13,388
2	6	Total liabilities. Add lines 17 through 25	<b>\</b> [V	and complete	29,140.	26	13,300
		Organizations that follow SFAS 117, check h	ere 🚩 🔼	and complete			
		lines 27 through 29, and lines 33 and 34.			1 672 105		2 001 970
2		Unrestricted net assets		-	1,673,105. 727,961.	27	3,001,870
2		Temporarily restricted net assets		·  -	952,702.	28	616,762 952,702
2	9	Permanently restricted net assets		<b>.</b> — .	932,102.	29	932,102
		Organizations that do not follow SFAS 117, c	heck here	▶			
		complete lines 30 through 34.					
3		Capital stock or trust principal, or current funds		<u> </u>		30	
į 3		Paid-in or capital surplus, or land, building, or ed				31	
į   3	2	Retained earnings, endowment, accumulated in	ncome, or oth	ner funds	2 252 762	32	A 571 224
3		Total net assets or fund balances		_	3,353,768.	_33	4,571,334.
3	4	Total liabilities and net assets/fund balances			3,382,914.	34	4,584,722.

Pa	rt XI Reconciliation of Net Assets	-		
	Check if Schedule O contains a response to any question in this Part XI			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1,94		
2	Total expenses (must equal Part iX, column (A), line 25)	1,04		
3	Revenue less expenses. Subtract line 2 from line 1			69.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	3,35		
5	Other changes in net assets or fund balances (explain in Schedule O)			97.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) 6	4,57	1,3	34.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			X
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	L	X
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		1	1
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:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	,		
	Act and OMB Circular A-133?	3a		X
þ	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.	Зь		1

### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(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.

2010

Open to Public Inspection

Name of the organization

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

Employer identification number 53-0215408

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	t.) See ins	tructions.				-
The organ	ization is not a	private foundation	because it is: (For lines	1 through 1	11, check	only one b	юх.)					
1 🗀	A church, coi	nvention of churches	s, or association of chur	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)	١.				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🔲	A hospital or	a cooperative hospr	tal service organization	described	n section	170(b)(1)	(A)(iii).					
4			operated in conjunction					(b)(1)(A)(ii	ii). Enter t	the hospital	's nam	e,
	city, and stat				•				•	•		•
5	-		benefit of a college or ur	niversity ov	vned or or	erated by	a governi	mental uni	t describ	ed in		
•	_	(b)(1)(A)(iv). (Comple	_			, o. a. o a a ,	- g	110111011011				
6			ent or governmental uni	t describer	d in sectio	n 170/h\/1	11/41/6/					
; =			en or governmenta diri erves a substantial part					r from tha	acnoral	aublia dasa	abod (	_
, _	_		·	oi its supp	on nom a	governine	illai ullit C	i iroin the	generar	public desc	indea ii	ı
• 🗀	-	<b>b)(1)(A)(vi).</b> (Comple	•	(0	D4 11 \							
8 <u> </u>	-		ection 170(b)(1)(A)(vi).		•		L	b b				
الما و			erves: (1) more than 33									
		•	nctions - subject to certa	•	•	•				_		
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	atter June 3	30, 197	5.
		<b>509(a)(2).</b> (Complete	•									
10 📙	-		perated exclusively to te	-	-			-				
11			perated exclusively for the									or
			itions described in secti		-		2). See <b>se</b> o	ction 509(	a)(3). Che	eck the box	that	
		_	organization and comple						_	7		
	a L Type I	b	J Type II	Тур	e III - Func	tionally int	egrated		d L	Type III • 0	Other	
e 📖	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one o	r more dis	qualified	persons oth	ner thai	ı
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									
g	Since August	17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A person	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed i	ın (ii) and (	iii) below,		Yes	No
	the gove	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (II) above	<b>∍</b> ?					11g(iii)	1	
h	-	=	about the supported or					•				
		3	, ,									
(i) Name	of cupported	(ii) EIN	(iii) Type of	(iv) is the o	rganization	(v) Did voi	ı notify the	(vi) Is	the	(vii) An	nount of	,
	of supported anization	(11) E114	organization		sted in your			organizátic (i) organiz	on in col	(vii) An	port	1
org	umcution		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	US	? " ""	Jup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No			
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						1	<del></del>		
									1			
				-				ļ				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

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.)

Section	A. Public Support						
Calendar ye	ear (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts,	grants, contributions, and		:				
memb	pership fees received. (Do not						
includ	de any "unusual grants.")						
2 Tax re	evenues levied for the organ-						
ızatıor	n's benefit and either paid to				Ì		
or exp	pended on its behalf						
3 The va	alue of services or facilities						
fumis	hed by a governmental unit to					1	
the or	rganization without charge			<u> </u>			
4 Total.	. Add lines 1 through 3						
5 The p	ortion of total contributions						
by ea	ch person (other than a						
gover	nmental unit or publicly						
suppo	orted organization) included						
on line	e 1 that exceeds 2% of the						
amou	nt shown on line 11,						
colum	າກ (f)						
	c support. Subtract line 5 from line 4						
<u>Section</u>	B. Total Support			<del></del>	<del>,</del>		
Calendar ye	ear (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total_
7 Amou	ınts from line 4						
8 Gross	s income from interest,					i	
divide	ends, payments received on						
secur	tties loans, rents, royalties					1	
and in	ncome from similar sources						
9 Net in	come from unrelated business						
activit	ties, whether or not the						
busin	ess is regularly carried on						
10 Other	income. Do not include gain						
or los	s from the sale of capital						
assets	s (Explain in Part IV.)						
11 Total	support. Add lines 7 through 10						
12 Gross	s receipts from related activities,	etc. (see instructi	ons)			12	
13 First	<b>five years.</b> If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	
	ization, check this box and stop  C. Computation of Publ		rcentage				<u> </u>
	support percentage for 2010 (			column (f)	·	14	
	c support percentage for 2010 ( c support percentage from 2009	,	•	column (I))		15	% %
	3% support test - 2010.If the o	·	•	n line 13 and line	14 10 33 1/304 05		
					14 15 33 1/3 76 01 1	nore, check this bo	x and
-	here. The organization qualifies 3% support test - 2009. If the o		_		l lina 15 in 33 1/30	4 or mara shock th	us box
		_			illie 13 is 33 1/37	o of more, check th	IS 00X ▶□
	top here. The organization qual	· · · · · ·			- 12 16 16h		
	-facts-and-circumstances tes	•					•
	the organization meets the "fac			<del>-</del>	·	art iv now the organ	iization
	s the "facts-and-circumstances"	•	•		-	17a aadba- 45 - 5	
	-facts-and-circumstances tes	_					
	, and if the organization meets the				•		•
-	ization meets the "facts-and-circ		-	•			
io Priva	te foundation. If the organization	n dia not check a	oox on line 13, 16	oa, 100, 1/a, 0/1/			s

Schedule A (Form 990 or 990-EZ) 2010 IN THE U.S., INC.

### 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.)

Sec	ction A. Public Support	elow, please comp	nete i ait ii.j			· · · · · · · · · · · · · · · · · · ·	
Cale	ndar 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.")	495,807.	522,706.	422,141.	292,/15.	321,148.	2,054,517.
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	20,950.	16,930.	19,241.	16,476.	14,046.	87,643.
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						
6	Total. Add lines 1 through 5	516,757.	539,636.	441,382.	309,191.	335,194.	2,142,160.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	155,829.	135,000.	20,000.	39,120.	40,240.	390,189.
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.
c	: Add lines 7a and 7b	155,829.	135,000.	20,000.	39,120.	40,240.	390,189.
_8_	Public support (Subtract line 7c from line 6)				1.0.0		1,751,971.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning ın) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	516,757.	539,636.	441,382.	309,191.	335,194.	2,142,160.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	175,009.	250,210.	120,058.	103,427.	103,178.	751,882.
b	Unrelated business taxable income (less section 511 taxes) from businesses		·	•	,		
	acquired after June 30, 1975	175 000	250 210	120 050	103,427.	102 170	751 000
	Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	175,009.	250,210.	120,058.	103,427.	103,178.	751,882.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	41,981.	59,668.	48,746.	7,480.	41,533.	
	Total support (Add lines 9, 10c, 11, and 12)	733,747.		610,186.		479,905.	3,093,450.
14	First five years. If the Form 990 is for	tne organization's	tirst, second, thire	g, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
500	check this box and stop here	ic Support Do	roontago				
	ction C. Computation of Public Public support percentage for 2010 (li			aluma (6)		45	56.63 %
16	Public support percentage from 2009			olumin (i))	ľ	15 16	55.16 %
	ction D. Computation of Inves				I	10	33.10 %
17				e 13. column (fl)		17	24.31 %
18	Investment income percentage from 2	•	•	e 10, coldiiii (i <i>))</i>	ľ	18	23.99 %
	33 1/3% support tests - 2010. If the	•	•	on line 14, and line			<del></del>
	more than 33 1/3%, check this box ar 33 1/3% support tests - 2009. If the	nd <b>stop here.</b> The	organization quali	fies as a publicly s	upported organiza	ition	► X
•	line 18 is not more than 33 1/3%, che						▶ [ ]
20	Private foundation. If the organization						<b>▶</b> □

## **SCHEDULE D**

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

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

**Employer identification number** 53-0215408

Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(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	<del>-</del>	Yes No
6	Did the organization inform all grantees, donors, and donor a	<del>-</del>	used only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Par	Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) 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 qualif	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
þ	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		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		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements		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	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	-	
	include, if applicable, the text of the footnote to the organization accompanies	tion's imancial statements that describes	the organization's accounting for
Par	conservation easements.  † III   Organizations Maintaining Collections o	f Art Historical Treasures or C	ther Similar Assets
	Complete if the organization answered "Yes" to Form		Allor Ollimar Addets.
	If the organization elected, as permitted under SFAS 116 (AS	<del>-</del> -	ment and balance sheet works of art
	historical treasures, or other similar assets held for public ext		· ·
	the text of the footnote to its financial statements that descri		, p
b	if the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items.		gg
	(i) Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	•	► \$ ► \$
2	if the organization received or held works of art, historical tre		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$
	·		

Schedule D (Form 990) 2010

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIV the intended uses of the organization's endowment funds.

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Part VI Land. Buildings. and Equipment. See Form 990. Part X. line 10.

Description of investment	nvestment (a) Cost or other basis (investment)		(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings				
c Leasehold improvements				
d Equipment .				
e Other		41,348.	39,639.	1,709
tal. Add lines 1a through 1e. (Column (d) mus	t equal Form 990, Part X, colur	mn (B), line 10(c) )	<b>&gt;</b>	1,709

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X, II	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua st or end-of-year mar	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other	·		<u></u>	,
(A)				
(B)				
(C)				
(D)				
(E) (F)				<u>.</u>
(G)			<u>.</u>	<del> </del>
(H)				
(I)			***************************************	<del></del> -
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 )	•			
Part VIII Investments - Program Related.	See Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value	Co	(c) Method of valua st or end-of-year mar	
(1)				
(2)				
(3)	_			
(4)			.=	
(5)				
(6)				
(7)		···		
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	•			······································
Part IX Other Assets. See Form 990, Part X, II	ine 15.			
	(a) Description			(b) Book value
(1)				
(2)				
(3)		·		
(4)			<u>-</u>	
(5)				
(6)				
<u>(7)</u>				
(8) (9)	<del></del>			<del> </del>
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B)	line 15.)		<b>•</b>	
Part X Other Liabilities. See Form 990, Part			•	
1. (a) Description of liability		(b) Amount		· · · · · · · · · · · · · · · · · · ·
(1) Federal income taxes				
(2) DUE TO SPORTS OFFICE		500.		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		<del></del>		
(9)				
(10)				
(11) Total (Column (b) must occur Form 000, Port V col (R)	line 25 )	500		
Total. (Column (b) must equal Form 990, Part X, col (B). FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnot in Part XIV, provide the text of the footnot in Part XIV.	te to the organization's financial	statements that reports the organ	l. ization's liability for uncertai	n tax positions under

23

Schedule D (Form 990) 2010

### SCHEDULE F (Form 990)

# **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047 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

Pai			ctivities Ou	tside the United States. Comple	ete if the organization answered	"Yes"
_	to Form 990, Par			d- 4		<del></del>
1	_			ds to substantiate the amount of the gi		Yes No
	grantees: eligibility for th	e grants or assis	stance, and the	selection criteria used to award the gra	ints or assistance?	⊥ Yes No
^	For another law Dage	mba in Dank Vale			and from the contact to the City of City	
2	For grantmakers. Desc	nbe in Part v the	organization s	procedures for monitoring the use of gi	ant funds outside the Officed S	ales.
2	Activities not Posion (TI	ho following Port	L line 2 teble or	on he dualicated if additional anges in	acadad \	
3	(a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is r (d) Activities conducted in region	· · · · · · · · · · · · · · · · · · ·	(f) Total
	(a) Negion	offices	emplovees.	(by type) (e.g., fundraising, program	(e) If activity listed in (d) is a program service,	expenditures
		in the region	agents, and	services, investments, grants to	describe specific type	for and
		_	independent contractors	recipients located in the region)	of service(s) in region	Investments In region
			in region			
		}		GRANTS AND SCHOLARSHIPS TO		
				RECIPIENTS LOCATED IN THE		
RIIRC	PE - LATVIA	0	0	REGION		225,465.
	22 221 7231			120101		223,403.
						<u> </u>
						i
		İ				Ì
		ļ				
3 a	Sub-total	0	00			225,465.
b	Total from continuation					
	sheets to Part I .	0	0			0.
C	Totals (add lines 3a					
	and 3b)	0	0			225,465.
ΙНΔ	For Paperwork Reduct	ion Act Notice	see the Instruc	tions for Form 990	Schedule I	(Form 990) 2010

032071 12-20-10

Page 2

Schedule F (Form 990) 2010 IN THE U.S., INC. 513-0215408

Part II 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 53-0215408 AMERICAN LATVIAN ASSOCIATION IN THE U.S., INC.

	of FMV,							5
	(i) Method of valuation (book, FMV, appraisal, other)							School of Farm 000 0040
	(h) Description of non-cash assistance							- Code
	(g) Amount of non-cash assistance	c					empt by	•
	(f) Manner of cash disbursement	ATA O WIRE TRANSPER					recognized as tax-өх	
han \$5,000:	(e) Amount of cash grant	013430					foreign country,	
recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.	(d) Purpose of grant	SUPPORT FOR ORPHANS &					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	
000. Check this box if no space is needed.	(c) Region	4 TVT					is listed above that are right. I has provided a section	r entities
recipient who received more than \$5,000. Check this the Part II can be duplicated if additional space is needed.	(b) IRS code section and EIN (if applicable)						ecipient organization ne grantee or counse	other organizations or
recipient who rec Part II can be dup	1 (a) Name of organization						2 Enter total number of rithe IRS, or for which th	3 Enter total number of other organizations or entities

AMERICAN LATVIAN ASSOCIATION

Schedule F (Form 990) 2010 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. Part III can be duplicated if additional space is needed.

Page 3

(a) Type of grant or assistance (b) Region	(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)
SCHOLARSHIP FOR MEDICAL STUDIES	LATVIA		.050,2	WIRE TRANSPER	0		
OR VIRTUAL PEDIA	LATVIA	-	1,460.	1,460.WIRE TRANSFER	0		
PPORT FOR WEBSITE	LATVIA	r	750.	750. WIRE TRANSFER	.0		
	LATVIA	1	1,350.1	WIRE TRANSFER	0.		
TVIJAS IBAS UNIVERSITY	LATVIA		.000,2	2,000.WIRE TRANSFER	0		
	LATVIA	1	1,425.	425. WIRE TRANSFER	0.		
						Schedu	Schedule F (Form 990) 2010

<u>schedu</u>	lle F (Form 990) 2010 IN THE U.S., INC.	<u> </u>	Page 4
Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		<b>.</b>
	Corporation (see Instructions for Form 926)	. L Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and		
	Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	☐ Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	. Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions		

Schedule F (Form 990) 2010

Yes X No

for Form 5713)

# Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method)
Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable.
Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: DEPENDING ON THE PROGRAM SERVICE, EACH ONE
HAS ITS OWN WAY OF MONITORING THE USE OF GRANT FUNDS OUTSIDE OF THE
UNITED STATES. FOR AN APPLICANT TO BE CONSIDERED IN RECEIVING FUNDS, THE
ALA CULTURAL FOUNDATION REQUIRES A BUDGET SPECIFYING WHERE THE USE OF
FUNDS WILL BE SPENT AND THEN EACH IS REVIEWED AND VOTED ON. AFTER THE
GRANT IS AWARDED, THE APPLICANT MUST CONFIRM WITH ALA THAT THE SUPPORT
WILL BE USED FOR EXPENSES SPECIFIED IN THE GRANT APPLICATION. THE ALA
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
RECIPIENT.

•	SCHEDULE I (Form 990)	

Grants and Other Assistance to Organizations,

			Governments	Governments, and individuals in the United States	n the United State	S)		
Department of the Treasury		Сошр	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	n answered "Yes"	to Form 990, Part	: IV, line 21 or 22.		Open to Public
Internal Revenue Service				► Attach to Form 990.	າ 990.			Inspection
Name of the organization	n AMERICAN LATVIAN IN THE U.S., INC	•	ASSOCIATION					Employer identification number 53-0215408
Part i General Info	General Information on Grants and Assistance	ind Assistance						
1 Does the organizat criteria used to awa	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	to substantiate the stance?	e amount of the grants	or assistance, the g	grantees' eligibility	for the grants or assi	stance, and the select	Iton X Yes No
art H	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	Governments an	d Organizations in the	United States. Co	omplete if the orga	nization answered "Y	es" to Form 990, Part	IV, line 21, for any
recipient that	it received more than §	\$5,000. Check this	s box if no one recipien	it received more tha	in \$5,000. Part II	can be duplicated if a	dditional space is nee	ded
(a) Name and address of organization     or government	the and address of organization (b) EIN (c) IRC section of government or government (b) EIN (c) IRC section (d) Amount of valuation (book, respectively) or government (e) EIN (f) Method of (g) Description of respectively (e) Amount of valuation (book, respectively) assistance other)	( <b>9</b> )	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
								KEEPS THE BALTIC
JOINT BALTIC AMERICAN NATIONAL	CAN NATIONAL							COMMUNITIES AND OTHERS
COMMITTEE - 400 HURLEY AVE	RLEY AVE -	-			•			INFORMED UF US
ROCKVILLE, ND 20850	0	52-1647811	501(C)(3)	31,500.	0.			GOVERMENTAL POLICIES
1	Enter total number of section 501(c)(3) and government organizations	and government or	ganizations					
-1	Enter total number of other organizations	S						<b>A</b>
LHA For Paperwork R	For Paperwork Reduction Act Notice, see the Instructions for Form 990.  SEE PART IV FOR COLUMN (H) I	, see the instruct IV FOR CC	oction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS	SCRIPTIONS	ro			Schedule I (Form 990) (2010)
032101 01-13-11				30				

Schedule | (Form 990) (2010)

IN THE U.S., INC.

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

Part III can be duplicated 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
GRANT: US PREMIERE OF LATVIAN COMPOSER P. VASKS		. 005	0		•
SCHOLARSHIP: VETERINARY STUDIES	-	10,000	°,		
GRANT: INTERNSHIP AT OCCUPATION MUSEM	1	2,500,	0.		
AWARD: SCHOLASTIC EXAM AWARD	S	.07	0.		
SCHOLABEHID. ACADEMIC SCHOLABSHID	·	750	c		
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the informatio	n required in Part I,	line 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 THE	
RECEIPT OF ACTUAL EXPENSES INCURRED	AND	SOMETIMES AD	DITIONAL DO	ADDITIONAL DOCUMENTATION	
IS REQUIRED, INCLUDING EVENT PROGRAMS,		TICKETS TO EV	EVENTS, AND	FOLLOW-UP	
CORRESPONDENCE. TO BE CONSIDERED	IN RECIEVING	VING FUNDS,	THE ALA	CULTURAL	
FOUNDATION REQUIRES A BUDGET SPECI	SPECIFYING HOW	W THE FUNDS	WILL BE	SPENT AND	
THEN EACH IS REVIEWED AND VOTED ON	. AFTER	R THE GRANT	T IS AWARDED,	ED, THE	
APPLICANT MUST CONFIRM WITH ALA TH	THAT THE S	SUPPORT WAS	USED FOR	EXPENSES	
000100 01-19-11		31			Schodula I (Form 990) (2010)

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

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

Part #   Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	uals in the Unite	d States (Schedule	I (Form 990), Part III	(	
(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
GRANT: TO STUDY INTENSIVE, ELEMENTARY LATVIAN	1.	500.	0		
GRANT: SEMINARS/EDUCATION MATERIALS	1.	1,520.	0.		
GRANT: PUBLICATION OF YOUTH "H" NEWSPAPER	1.	1,000.	0		
GRANT: ILLUSTRATED HANDBOOK FOR FOLK COSTUMES	1,	3,000.	0		
GRANT: PODUCTION COSTS FOR CD OF LATVIAN BAND "PIECISI"	1.	2,000.	0.		
SCHOLARSHIP; STUDENT SCHOLARSHIPS	19.	6,650.	.0		
					Schedule I (Form 990)

# **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

AMERICAN LATVIAN ASSOCIATION TN THE U.S. TNC

**Employer identification number** 53-0215408

IN T	HE U.S., IN	NC.				53-0215408
FORM 990, PART I, LII	NE 1, DESCI	RIPTION	OF O	RGANI	ZATION MIS	SION:
AND GROWTH OF THE AM	ERICAN LAT	VIAN COM	MUNI'	ry _		
FORM 990, PART III,	LINE 4D, O	THER PRO	GRAM	SERV	ICES:	
CULTURAL FOUNDATION						
EXPENSES \$ 38,136.	INCLUDING	GRANTS	OF \$	21,8	35. REVE	NUE \$ 0.
INFORMATION OFFICE						
EXPENSES \$ 50,457.	INCLUDING	GRANTS	OF \$	0.	REVENUE \$	0.
ALA PUBLISHING HOUSE						
EXPENSES \$ 20,845.	INCLUDING	GRANTS	OF \$	0.	REVENUE \$	0.
CONGRESS			·····			,
EXPENSES \$ 36,322.	INCLUDING	GRANTS	OF S	0.	REVENUE \$	0.
2.11 DN020 + 00,0221	11.02.02.11.0		<del>V2                                    </del>			
CULTURAL OFFICE						
EXPENSES \$ 14,107.	INCLUDING	GRANTS	OF \$	750.	REVENUE	\$ 0.
MEMBERSHIP OFFICE				_		
EXPENSES \$ 11,818.	INCLUDING	GRANTS	OF \$	0.	REVENUE \$	0.
LATVIAN INSTITUTE						
EXPENSES \$ 15,717.	INCLUDING	GRANTS	OF \$	0	REVENUE \$	0.
SPORTS OFFICE						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

34

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

entity

OMB No 1545-0047

**Employer identification number** Direct controlling 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 e Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income 9 ► See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or foreign country) ► Attach to Form 990. AMERICAN LATVIAN ASSOCIATION Primary activity IN THE U.S., INC. Vame, address, and EIN of disregarded entity Name of the organization Part # Part

(g) Section 512(b)(13) controlled entity? Š × × Yes Direct controlling entity status (if section 501(c)(3)) Public charity CINE 9 LINE 9 Exempt Code section 501(C)(3) 501(C)(3) 9 Legal domicile (state or foreign country) MARYLAND MARYLAND Primary activity ð 52-1037082, 400 HURLEY AVENUE, ROCKVILLE, WORLD FEDERATION OF FREE LATVIANS Name, address, and EIN of related organization ROCKVILLE, MD 20850 JBANC - 52-1647811 400 HURLEY AVENUE 20850

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

36

Schedule R (Form 990) 2010

AMERICAN LATVIAN ASSOCIATION

IN THE U.S., INC.

Schedule R (Form 990) 2010

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

Page 2

53-0215408

Seneral or Percentage managing ownership 3 Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ate aflocations? Disproportion-Yes No Ξ Share of end-of-year assets Share of total income ε Predominant income (related, unrelated, excluded from tax under sections 512-514) Direct controlling entity Ē (c)
Legal
domicile
(state or
foreign Primary activity <u>e</u> Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related paralysis as a companient of this during the tax year. Part IV

ļ		<u>6</u> 0.						1		l	
	ε	Percentage ownership	 _	_					_		
	(6)	Share of end-of-year assets									
	€	Share of total income									
	(0)	Type of entity (C corp, S corp, or trust)									
	<del>©</del>	Legal domicile Direct controlling Type of entity (C corp., S corp., foreign country)					•				
	9	Legal domicile (state or foreign country)									
ear.)	(q)	Primary activity								-	
organizations treated as a corporation or trust during the tax year.)	(a)	Name, address, and EIN of related organization									

Schedule R (Form 990) 2010

37

032162 12-21-10

# Schedule R (Form 990) 2010 IN THE U.S., INC.

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

Page 3

53-0215408

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes No	ž
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?	ns with one or more re	elated organizations listed in	Parts II-IV?		٠,	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				19		×
b Gift, grant, or capital contribution to other organization(s)				<b>1</b>	×	- 1
c Gift, grant, or capital contribution from other organization(s)				10		×I
d Loans or loan guarantees to or for other organization(s)				19		×
e Loans or loan guarantees by other organization(s)				9		×
f Sale of assets to other organization(s)				+		×
g Purchase of assets from other organization(s)				5		×
				4		×
i Lease of facilities, equipment, or other assets to other organization(s)				7		×
j Lease of facilities, equipment, or other assets from other organization(s)				F		×
k Performance of services or membership or fundraising solicitations for other organization(s)	nization(s)			7		×
l Performance of services or membership or fundraising solicitations by other organization(s)	nization(s)			=		×
m Sharing of facilities, equipment, mailing lists, or other assets				Ę		×
n Sharing of paid employees				£		×
<ul> <li>Reimbursement paid to other organization for expenses</li> </ul>				9		×
p Reimbursement paid by other organization for expenses				9		×
				,		>
				<u> </u>		<b>د </b> >
.	-			-		<
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.	who must complete t	nis line, including covered re	lationships and transaction thresholds.			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
(2)						ŀ
(3)						
(4)						i
(5)						
(9)						
032163 12-21-10	38		Schedule B (Form 990) 201	R (Form	000	Ş

53-0215408

Page 4

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

Schedule R (Form 990) 2010

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.

illat was not a related organization. See histochors regaloning exclusion for certain investment partiets inpo-			φ,	3	ę		
(a)	(a)		<u>(</u>			6)	
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			of Schedule N·1 (Form 1065)	1 1
					_		
		•					
							-
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39

Schedule R (Form 990) 2010

### AMERICAN LATVIAN ASSOCIATION

Schedule R	(Form 990) 2010  Supplemental Infor	IN THE U.S.,	INC.	53-0215408 Page 5
Part VII	Supplemental Infor	rmation		
1 012 711	3uppiementai imoi	mation		
	Complete this part to pro	ovide additional information	n for responses to questions on Schedule R (see i	nstructions).
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