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Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning January 1, 2015, and ending December 31, 20 15

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Chicago Latvian Association Inc.		D Employer identification number 36-2372504
	Number and street (or P.O. box, if mail is not delivered to street address) 4146 N Elston Ave	Room/suite	E Telephone number 773-588-2085
	City or town, state or province, country, and ZIP or foreign postal code Chicago IL 60618-1828		F Group Exemption Number ▶ NA

G Accounting Method: Cash Accrual Other (specify) ▶ _____

I Website: ▶ chicagolatvianassociation.com

J Tax-exempt status (check only one) – 501(c)(3) 501(c) (4) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received		1		3695			
	2	Program service revenue including government fees and contracts		2		0			
	3	Membership dues and assessments		3		1425			
	4	Investment income		4		77032			
	5a	Gross amount from sale of assets other than inventory	5a						
	b	Less: cost or other basis and sales expenses	5b						
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c		0			
	6	Gaming and fundraising events							
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a						
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b						
c	Less: direct expenses from gaming and fundraising events	6c							
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d		0				
7a	Gross sales of inventory, less returns and allowances	7a							
b	Less: cost of goods sold	7b							
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		0				
8	Other revenue (describe in Schedule O)		8		19027				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9		101179				
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10		225			
	11	Benefits paid to or for members		11		0			
	12	Salaries, other compensation, and employee benefits		12		28507			
	13	Professional fees and other payments to independent contractors		13		0			
	14	Occupancy, rent, utilities, and maintenance		14		38772			
	15	Printing, publications, postage, and shipping		15		1990			
	16	Other expenses (describe in Schedule O)		16		28659			
	17	Total expenses. Add lines 10 through 16		17		98153			
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18		3026			
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19		109466			
	20	Other changes in net assets or fund balances (explain in Schedule O)		20		0			
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21		112492			

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Part II Balance Sheets (see the instructions for Part II)

7 Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	35607	38633
23 Land and buildings	73859	73859
24 Other assets (describe in Schedule O)	0	0
25 Total assets	109466	112492
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	109466	112492

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? Promote Latvian culture and education

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Events held to promote Latvian culture & education, served approximately 500 people. Held 8 events including films, concerts, plays, social events.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	33762
29 Cultural center serves neighborhood groups for gatherings, hosts international dance, Latvian folk dance groups. Ongoing weekly activity and single events serving about 250 people on a regular basis.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	29361
30 Houses and supports the Latvian language library and Latvian Folk Art Museum which serves about 500.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	4894
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	68017

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Armand Birkens Director & President	8	0	0	0
Dace Kezbers Director & Vice President	12	0	0	0
Iveta Marnauzs Director & Secretary	2	0	0	0
Marite Plume Director & Treasurer	12	0	0	0
Mara Kins Director	2	0	0	0
Daina Jauntirans Director	8	0	0	0
Ruta Priedkalns Zirnis Director	2	0	0	0
Reinis Kalnajs Director	12	0	0	0
Inara Bundza Director	8	0	0	0
John Vilcins Director	4	0	0	0
Aivars Osis Director	2	0	0	0
Una Stroda Director	2	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response boxes. Questions range from 33 to 45b. Includes questions about significant activities, organizational changes, income, political expenditures, loans, and controlled entities.

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
		46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47	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	Yes	No
		47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here		5-7-2016
	Signature of officer	Date
	Marite Plume, Board Treasurer	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no. ▶			

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

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization
Chicago Latvian Association Inc

Employer identification number
36-2372504

FORM 990EZ Part I - Line 8 Other Revenues

Fundraisers 19,027

FORM 990EZ Part I - Line 10 - Grants Given and Line 16 - Other Expenses

Grants given 225

Events expense 14,855

Insurance 4757

Inventory 2089

Miscellaneous 476

Office expense 4207

Public relations 1210

Regulatory fees & licenses 1065

TOTAL OTHER EXPENSES 28,659