EXTENDED TO JULY 16, 2018

Return of Organization Exempt From Income Tax

Department of the Treasury

Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990!

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning SEP 1, 2016 and ending AUG 31, 2017										
B Check if applicable C Name of organization D Employer identification number										
Address BALTIC-AMERICAN FREEDOM FOUNDATION										
Name change Doing business as 27-2771854										
Initial return Number and street (or P.0. box if mail is not delivered to street address) Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 443-458-3737										
terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts 4,008,146	•									
return OWINGS, IND 20730 In(a) is this a group return										
Application pending F Name and address of principal officer ALAN A. GRIFFIN for subordinates? Yes X N SAME AS C ABOVE										
Tax-exempt status 501(c)(3) X 501(c) (4) (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)	U									
J Website: ▶ WWW.BALTICAMERICANFREEDOMFOUNDATION ORG 'H(c) Group exemption number ▶										
Form of organization: X Corporation Trust Association Other ► L Year of formation: 2010 M State of legal domicile: DE										
Part I Summary	_									
1 Briefly describe the organization's mission or most significant activities TO ENRICH THE TIES BETWEEN THE	_									
UNITED STATES AND LATVIA, LITHUANIA, AND (CONTINUED ON SCHEDULE O) Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2016 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (Column Column										
2 Check this box fits net assets	_									
3 Number of voting members of the governing body (Part VI, line 1a)	8									
4 Number of independent voting members of the governing body (Part VI, line 1b)	8									
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	0									
6 Total number of volunteers (estimate if necessary)).									
7a Total unrelated business revenue from Part VIII, column Column EVIII Part VIII Part) <u>.</u>									
	<u> </u>									
0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>.</u>									
9 Program service revenue (Part VIII, line 2g)	.									
10 Investment income (Part VIII, column (A), lines 3 4, and Zd) = 224, 190 · 1,516,773	}.									
5d 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10 Gand File), UT										
Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 248, 937. 1,516,973										
3 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,306,048. 2,031,440										
the Deficition paid to difformembers (rattin, coldinity), line 4)	<u>) .</u>									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_									
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	<u>.</u>									
b Total fundraising expenses (Part IX, column (D), line 25)	7-									
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1, 445, 689 1, 115, 267 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,826,737 3, 221,707										
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 3,826,737. 3,221,707 3,826,737. 800. < 1,704,734										
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 75,000 7	—									
	<i>7</i> .									
21 Total liabilities (Part X, line 26) 1,445,038. 1,104,762										
20 Total assets (Part X, line 16) 32,729,783. 32,030,147 21 Total liabilities (Part X, line 26) 1,445,038. 1,104,762 22 Net assets or fund balances. Subtract line 21 from line 20 31,284,745. 30,925,385	<u>5.</u>									
Part II Signature Block										
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	.S									
true, correct, and completes Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.										
Signature of office Date										
Sign Carlot Carlo										
Here ALAN A. GRIFFIN, CAO Type or print name and title										
Print/Type preparer's name Paid PAMELA SAWIN Preparer's signature Pawela L. Sawin Date Check PTIN PTIN PO 852182	Т.									
	/									
Preparer Firm's name CITRIN COOPERMAN & COMPANY LLP Firm's EIN 22-2428965										
Use Only Firm's address TEN WEYBOSSET STREET - SUITE 700	٧									
PROVIDENCE, RI 02903 Phone no.401-421-4800 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes \(\subseteq \)										
May the IRS discuss this return with the preparer shown above? (see instructions) LEA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (20)	16)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2016) BALTIC-AMERICAN FREEDOM FOUNDATION 27-2771	854	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			۱.,
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		 ₩
	public office? If "Yes," complete Schedule C, Part I	3	-	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		
_	duning the tax year? If "Yes," complete Schedule C, Part II	4_		-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_ ا		x
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5		<u> </u>
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	├	 	 ^
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	 	 	
٠	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۲	 	
•	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	1	х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	Ť		
	endowments, 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,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	İ	Ì	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	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 and XII	12a	X	-
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	105		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	╁	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13	x	 ^
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	 ^^ -	╁─╴
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	 		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>	t	t i
	or for foreign individuals? 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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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	1	X

Form **990** (2016)

Form	990 (2016) BALTIC-AMERICAN FREEDOM FOUNDATION 27-2771	854	Р	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government 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 or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	l	Х
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			l
	Schedule J	23		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 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		T	
·	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ	x
_	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		t	
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
	Schedule L, Part I	235	 	
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	26		х
	complete Schedule L, Part II	20	 	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			x
	of any of these persons? If "Yes," complete Schedule L, Part III	27	 	 ^
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	┼	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	l		.
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	+	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	├ ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	l		٠.
	contributions? If "Yes," complete Schedule M	30	+	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١	1	\ _V
	If "Yes," complete Schedule N, Part I	31	├	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	Ì		١
	Schedule N, Part II	32	-	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		1	l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	↓	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	Ì		
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		1	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	<u></u>	<u></u>
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	1	1

Form 990 (2016)

37

X

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization

Note. All Form 990 filers are required to complete Schedule O

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check in Controlle Communical response of victoria any internation and victoria.		Yes	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	6		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	이		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
•	(gambling) winnings to prize winners?	1c	Х	
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	0		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit		1	₩.
	any contributions that were not tax deductible as charitable contributions?	6a		<u>X</u>
Ь	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).	, ,		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	⁷ 7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	10		\vdash
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		
_	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	<u>'`</u>		\vdash
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	⊣ _{7e}		1
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
t g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	L
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	İ		
а	Initiation fees and capital contributions included on Part VIII, line 12		A-141-2	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4	1	
11	Section 501(c)(12) organizations. Enter:	1		
а				1
b	· · · · · · · · · · · · · · · · · · ·		ļ	1
	amounts due or received from them) [11b]	┥		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	1	
	Note. See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_		-	1	1
	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a	T	X
144 <u>4</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	一
	in Too, that it most a form 720 to report those payments in they provide an expansion and expension of		n 990	(2016)

632005 11-11-16

BALTIC-AMERICAN FREEDOM FOUNDATION 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 or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
<u> </u>	tion A. Governing body and management		Yes	No
12	Enter the number of voting members of the governing body at the end of the tax year 8			
Ia	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	з		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		,	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	ĺ		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			,
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	_
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40	х	1
40	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	-
14	Did the organization have a written document retention and destruction policy?	14	Α	-
15	Did the process for determining compensation of the following persons include a review and approval by independent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
ь	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	130	 -	
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
~	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	le	
	for public inspection. Indicate how you made these available Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cıal	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	ALAN GRIFFIN - 443-458-3737			
	124 CROSS POINT DRIVE, OWINGS, MD 20736			
63200	6 11-11-16	Forn	990	(2016)

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

Check if Schedule O contains a response or note to any line 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 n	orga	organization compensate					ed any current officer, o	director, or trustee		
(A)	(B)	l			C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable	Estimated
	hours per			inless person is both an r and a director/trustee)				compensation	compensation	amount of
	week	\vdash	JG1 201		I	J/10 US	100,	from	from related	other
	(list any	lecto						the	organizations	compensation
	hours for related	o d	e ge		l	sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	l trus		e e	nedu		(VV-2/1099-IVIIGO)		organization and related
	below	duat	tiona	_	oldr	stcol	<u>.</u>			organizations
	line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KIM G. DAVIS	4.00									
CHAIRMAN		Х		Х	L			0.	0.	0.
(2) DANGUOLE ALTMAN	2.00							_	_	
DIRECTOR		Х	<u> </u>					0.	0.	0.
(3) AMBASSADOR MICHAEL C. POLT	2.00									
DIRECTOR	2 00	Х			_			0.	0.	0.
(4) PETER A. RAGAUSS	2.00	Į.,			İ			0		
(5) RICHARD C. SHERIDAN	2.00	X	ļ		├	\vdash		0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(6) THE HONORABLE MARK SULLIVAN III	2.00	<u> </u>	\vdash		⊢	├	_	0.	0.	0.
DIRECTOR	2.00	x						0.	0.	0.
(7) ANDRES TRINK	2.00				\vdash					
DIRECTOR		х				1		0.	0.	0.
(8) AMBASSADOR JACKIE WOLCOTT	2.00									
DIRECTOR		Х	$ldsymbol{ld}}}}}}$			L.		0.	0.	0.
(9) ALAN A. GRIFFIN	8.00								_	
C00			$oxed{oxed}$	X	<u> </u>	<u> </u>		75,000.	0.	0.
(10) ROBERT C. ODLE JR.	4.00								•	
COUNSEL				X			\Box	0.	0.	0.
		1			ŀ					
		\vdash	\vdash			\vdash				
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632007 11-11-16

Form 990 (2016)

Par	VII Section A. Officers, Directors, True		ploy	ees			ighe	st C	compensated Employe	es (continued)					
	(A)	(B) (C) (D)								(E)					
	Name and title	Average		not d		more	than		Reportable Reportable			Estimated			
		hours per week	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	ו ו		ount	of	
		(list any	\vdash			Π	Π	<u> </u>	from the	from related organizations			other oensa	tion	
		hours for	Individual frustee or director					ļ	organization	(W-2/1099-MIS			om the		
		related	ee or	stee			Sate		(W-2/1099-MISC)	•	ĺ	orga	ınızatı	ion	
		organizations	trust	nal tru		g e	ed mo	l					relat		
		below line)	npın	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nızati	ons	
		inie)	를	Ē	₽	χ.	물통	훈			-				
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			1			Ì	1								
		<u> </u>						Ļ_	75,000.		0.			0.	
	Sub-total								75,000.		ŏ.			0.	
	Total from continuation sheets to Part \	II, Section A							75,000.		0 .		· · · - · ·	0.	
<u>a</u>	Total (add lines 1b and 1c) Total number of individuals (including but	not limited to the	2000	lieta	a he	hov	e) w	ho r		000 of reportable					
2	compensation from the organization	not united to t	1030	, 1131	Ju u	DOV	c, •••		Cocived more than pro-	,,000 01 100011001	_			0	
													Yes	No	
3	Did the organization list any former office	r, director, or to	uste	e, ke	еу е	mple	oyee	, or	highest compensated e	mployee on					
	line 1a? If "Yes," complete Schedule J for	such individual	'									3		X	
4	For any individual listed on line 1a, is the s									the organization				١.,	
	and related organizations greater than \$15											4		X	
5	Did any person listed on line 1a receive or							relat	ted organization or indiv	idual for services		_		х	
Sec	rendered to the organization? If "Yes," coltion B. Independent Contractors	mpiete Scheau	ie J	ror s	ucn	per	son		·			5		_ A	
1	Complete this table for your five highest of	ompensated in	den	ende	ent o	cont	tract	ors i	that received more than	\$100,000 of com	pens	ation f	rom		
•	the organization. Report compensation fo										,- 50				
	(A)			-					(B)			(C			
	Name and busines	s address	N	ON	E				Description of	services		omper	nsatio	ก	
								_							
									<u> </u>						
2	Total number of independent contractors		not I	ımite	ed to	tho	^	ste	d above) who received i	more than					
	\$100,000 of compensation from the organ	nization >					0					Form !	gan i	2016	
												rom:	ノフひ (ZU 10)	

BALTIC-AMERICAN FREEDOM FOUNDATION

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue A A A A A A A				Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII			
Section Text				Chisch in Schloddic G sonit		any mil	(A)	Related or exempt function	Unrelated business	from tax under
Business Code 2 a	ts	1	а	Federated campaigns	1a	i				
Business Code 2 a	ra I			, -	 					
Business Code 2 a	Q E			•						
Business Code 2 a	# i									
Business Code 2 a	9,5				 					
Business Code 2 a	ËĢ			- · ·	· · -					
Business Code 2 a	in the		•		* 1					
Business Code 2 a					<u> </u>	 .				
Business Code 2 a	la S		•			•				
2 a b b c d d d d d d d d d			-			Business Code				
Total, Add lines 24221 3 Investment income (including dividends, interest, and other smilar amounts) 494,855. 494,856.	g	2	а							*
Total, Add lines 24221 3 Investment income (including dividends, interest, and other smilar amounts) 494,855. 494,856.	اھػ									
Total, Add lines 24221 3 Investment income (including dividends, interest, and other smilar amounts) 494,855. 494,856.	Sell		С							
Total, Add lines 24221 3 Investment income (including dividends, interest, and other smilar amounts) 494,855. 494,856.	e a		d							
Total, Add lines 24221 3 Investment income (including dividends, interest, and other smilar amounts) 494,855. 494,856.	P. C.		е							
3 Investment income (including dividends, interest, and other smilar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents 6 Less, rental expenses 6 Rental income or (loss) 7 a Gross amount from sales of assets other than inventory 9 Less cost or other basis and sales expenses 1	٩		f	All other program service reve	enue					
other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses and sales expenses 2, 491, 173. c Gain or (loss) 4 Net gain or (loss) 7 a Gross income from fundraising events (not including \$ 0f contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 9 a Gross income from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11a 07HER INCOME 9 000099 200. 200.			g	Total. Add lines 2a-2f		▶				
4 Income from investment of tax exempt bond proceeds Boyalities (i) Real (ii) Personal b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) for assets other than inventiony b Less cost or other basis and sales expenses c Gam or (loss) d Net gain or (loss) 1,021,918. 2,49,1,73. 2,49,1,73. 2,49,1,73. 3,513,091. 3,513,09		3		Investment income (including	dividends, intere	est, and				
Securities Sec				other similar amounts)		▶ .	494,855.			494,855.
(i) Real (ii) Personal		4		Income from investment of ta	x-exempt bond p	roceeds 🕨				
6 a Gross rents b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) 7 a Gross income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from gaming activities 9 a Gross sincome from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME 9 00099 200. Other		5		Royalties .		▶				
b Less, rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gan or (loss) d Net gain or (loss) 1,021,918. 2,491,173. c Gans income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 200.					(i) Real	(ii) Personal				
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7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses 2,491,173. c Gain or (loss) 1,021,918. d Net gain or (loss) 2,491,173. c Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: cilrect expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a OTHER INCOME 900099 200. 200.			С	Rental income or (loss)		<u> </u>				
assets other than inventory b Less cost or other basis and sales expenses 2,491,173. c Gain or (loss) 1,021,918. d Net gain or (loss) 5 1,021,918. d Net gain or (loss) 6 1,021,918. d Net gain or (loss) 7 1,021,918. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 8 usiness Code 11 a OTHER INCOME 900099 200. 200.			d	Net rental income or (loss)		▶				
b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$		7	а	Gross amount from sales of		(ii) Other				
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B a Gross income from fundraising events (not including \$				· ·	1,021,918.		1 001 010			
Including \$ of contributions reported on line 1c). See Part IV, line 18				• • •		<u> </u>	1,021,918.			1,021,918.
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME 900099 200. 200.	ne	8	а		- '	1				
Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a OTHER INCOME 900099 200. 200.	ven									
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Miscellaneous Revenue Business Code				•						1
11 a OTHER INCOME 900099 200. 200. b C			<u> </u>			Business Code				
b		11	a				200.	200.		
d All other revenue e Total. Add lines 11a-11d		•								
d All other revenue e Total. Add lines 11a-11d										
e Total. Add lines 11a-11d			ď	All other revenue	·····					
			e	Total. Add lines 11a-11d	_		200.			
		12		Total revenue. See instructions.		_	1,516,973.	200.	0	1,516,773.

Part IX Statement of Functional Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must co	mplete column (A)	
	Check if Schedule O contains a respon	se or note to any line in			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	144,956.	144,956.		
2	Grants and other assistance to domestic				
-	Individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,886,484.	1,886,484.		
4	Benefits paid to or for members].			
5	Compensation of current officers, directors,				
	trustees, and key employees	75,000.		75,000.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	830,318.	830,318.		
b	Legal	3,244.		3,244.	
C	Accounting	36,187.		36,187.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	405 040		105 010	
f	Investment management fees	135,849.		135,849.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	546.		546.	
12	Advertising and promotion	505			
13	Office expenses	696.		696.	
14	Information technology				
15	Royalties	F 200		F 200	
16	Occupancy	5,200.		5,200.	
17	Travel	74,480.		74,480.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				· · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,689.		9,689.	
23	Insurance Other expenses, Itemize expenses not covered	٥,00٥.			
24	above. (List miscellaneous expenses in trovered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	9,949.		9,949.	
b	OTHER EXPENSES	8,485.		8,485.	
С	COMMUNICATIONS	624.	-	624.	
đ					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	3,221,707.	2,861,758.	359,949.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
63201	0 11-11-16				Form 990 (201

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	383,559.	1	325,292
ŀ	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
ı	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
- 1	6	Loans and other receivables from other disqualified persons (as defined under	1		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing	ı		
		employers and sponsoring organizations of section 501(c)(9) voluntary		,	
3		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
cloccy	7	Notes and loans receivable, net		7	
۶	8	Inventories for sale or use		8	
ſ	9	Prepaid expenses and deferred charges	7,883.	9	17,560
	10a	Land, buildings, and equipment: cost or other			
- }		basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	7	10c	
	11	Investments - publicly traded securities	32,338,341.	11	31,687,295
J	12	Investments - other securities See Part IV, line 11		12	
ı	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
ļ	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,729,783.	16	32,030,147
	17	Accounts payable and accrued expenses	614,881.	17	552,524
	18	Grants payable	830,157.	18	552,238
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
٥	22	Loans and other payables to current and former officers, directors, trustees,			-
Liabilities	_	key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L	•	22	
ן בֿ	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,445,038.	26	1,104,762
		Organizations that follow SFAS 117 (ASC 958), check here			
S		complete lines 27 through 29, and lines 33 and 34.			
nce	27	Unrestricted net assets	31,284,745.	27	30,925,385
ala	28	Temporarily restricted net assets		28	
3	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
556	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
<u>خ</u>	32	Retained earnings endowment accumulated income or other funds		32	
Š	33	Total net assets or fund balances	31,284,745.	33	30,925,385
	34	• • • • • • • • • • • • • • • • • • • •	32,729,783.		32,030,147
	J -4	Total liabilities and net assets/fund balances	02,,20,,00	_~_	Form 990 (20

	990 (2016) BALTIC-AMERICAN FREEDOM FOUNDATION	27-	2771	L854	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	L ,51	6,9	73.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,22		
3	Revenue less expenses. Subtract line 2 from line 1	3		L,70		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		.,28		
5	Net unrealized gains (losses) on investments	5	1	.,34	5,3	74.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	30	92,0	<u>5,3</u>	85.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line 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	0				
2a	, , ,			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,				
	consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		,	A	
	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 Sch	edule O				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	ht			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь		
				Form	990	(2016)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Employer identification number Name of the organization 27-2771854 BALTIC-AMERICAN FREEDOM FOUNDATION Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds □ No Yes are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 」Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

632051 08-29-16

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

	2010 2 (1 01111 000/ 2010	AMERICAN F	REEDO	M FOU	NDATION			<u> 27-27</u>	71854	Page 2	
Par	t III Organizations Maintaining C	collections of A	rt, Histo	rical Tr	easures, or	Other	Simil	ar Asse	ts(continu	ıed)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that	are a sıgr	nificant	use of rts	collection	rtems	
	(check all that apply)										
а	Public exhibition	C	ⅎᆜᇉ	an or exc	hange progran	ns					
b	Scholarly research	6	e LJOt	her							
C	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how the	y further t	the organization	n's exemp	ot purp	ose ın Par	t XIII		
5	During the year, did the organization solicit of					sımılar a	ssets		_		
	to be sold to raise funds rather than to be ma								_ Yes	No_	
Par	t IV Escrow and Custodial Arran		ete if the o	rganızatıc	on answered "Y	es" on F	orm 990	o, Part IV,	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custod	an or other interme	diary for co	ntribution	ns or other ass	ets not in	cluded	_	7		
	on Form 990, Part X?								J Yes	L No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing tal	ole:							
							<u> </u>		Amount		
	Beginning balance						1c				
	Additions during the year						1d				
_	Distributions during the year				-		1e				
f O-	Ending balance	000 D+ V l	. 04 . 6			والمسالة والمساولة	<u>_1f</u>	- T	Yes		
	Did the organization include an amount on Fe					-	,		」 res	No	
_	b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10										
<u> </u>	T T T T T T T T T T T T T T T T T T T	(a) Current year	(b) Pno		(c) Two years		Three v	ears back	(e) Four y	ears back	
1a	Beginning of year balance	(a) Current year	(6)	y your	(6) 1110 yours	Juon (G	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Journ Dudit	(6) (60)	ouro buon	
b	Contributions										
c	Net investment earnings, gains, and losses										
d	Grants or scholarships										
	Other expenditures for facilities							-			
	and programs				1			,			
f	Administrative expenses									_	
	End of year balance			-							
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1g,	column (a	a)) held as						
а	Board designated or quasi-endowment		%								
b	Permanent endowment >	<u></u> %	<u></u>								
С	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	and administer	ed for the	organi	zation	_		
	by								\	es No	
	(i) unrelated organizations				÷ -				3a(i)		
	(ii) related organizations								3a(ii)		
Ь	If "Yes" on line 3a(ii), are the related organization	•							3b		
4_	Describe in Part XIII the intended uses of the		owment fu	nds							
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere				· · · · · · · · · · · · · · · · · · ·						
	Description of property	(a) Cost or o			t or other	(c) Acc			(d) Book	value	
		basis (investi	ment)	vasis	(other)	depre	ciation				
	Land	<u> </u>									
	Buildings	<u> </u>									
	Leasehold improvements	<u> </u>									
	Equipment							-			
	Other Add lines 1a through 1e (Column (d) must e	gual Form 990 Por	t X column	(R) line	100)					0.	
· vial	. Add mied te unought te (Oolutiit (a) 1108(e	gourn onn oou, rall	. 75 Journal	, wie .						•	

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2016 BALTIC-AMERICAN FREEDOM FC			2771854 Page 4
Pai	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Revenue per F	letun	٦.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	L.		
1	Total revenue, gains, and other support per audited financial statements		1	2,726,498
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
а	Net unrealized gains (losses) on investments	2a 1,345,374.		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c]]	
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d	-	2e	1,345,374.
3	Subtract line 2e from line 1		3	1,381,124.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a 135,849.		
b	Other (Describe in Part XIII)	4b]	
С	Add lines 4a and 4b		4c	135,849.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,516,973.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	nents With Expenses per	Retu	ım.
Pa	Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Retu	
Pai			Retu	ım. 3,085,858
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		Retu	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements		Retu	
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		Retu	
1 2 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	 2a	Retu	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	Retu	
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Retu	3,085,858.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII)	2a 2b 2c	1	3,085,858
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d	2a 2b 2c 2d	1 2e	3,085,858.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c	1 2e	3,085,858.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12ad Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1.	2a 2b 2c 2d	1 2e	3,085,858. 0. 3,085,858.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part IV, line 12ad Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b	2a 2b 2c 2d 4a 135,849.	1 2e	3,085,858. 0. 3,085,858.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12ad Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities. Prior year adjustments. Other losses. Other (Describe in Part XIII). Add lines 2a through 2d. Subtract line 2e from line 1. Amounts included on Form 990, Part IX, line 25, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b. Other (Describe in Part XIII). Add lines 4a and 4b. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	2a 2b 2c 2d 4a 135,849.	2e 3	3,085,858. 0. 3,085,858.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12ad Total expenses and losses per audited financial statements. Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1. Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b	2a 2b 2c 2d 4a 135,849.	2e 3	3,085,858. 0. 3,085,858.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

PART X, LINE 2:

THE FOUNDATION QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION

501(C)(3) OF THE INTERNAL REVENUE CODE ("IRC"). IN 2017, THE FOUNDATION

WILL EFFECT RECLASSIFICATION OF ITS TAX EXEMPT STATUS UNDER SECTION

501(C)(4) WITH THE FILING OF ITS 2017 INCOME TAX RETURN. AS A

NOT-FOR-PROFIT ENTITY, THE FOUNDATION IS SUBJECT TO UNRELATED BUSINESS

INCOME TAX ("UBIT"), IF APPLICABLE. IN ACCORDANCE WITH FASB ASC 740,

INCOME TAXES, THE FOUNDATION APPLIES THE "MORE LIKELY THAN NOT" THRESHOLD

TO THE RECOGNITION AND DERECOGNITION OF TAX POSITIONS FOR ITS FINANCIAL

STATEMENTS. MANAGEMENT HAS EVALUATED THE FOUNDATION'S TAX POSITIONS AND

HAS CONCLUDED THAT THERE WERE NO UNCERTAIN TAX POSITIONS THAT QUALIFIED

FOR EITHER RECOGNITION OR DISCLOSURE IN THESE FINANCIAL STATEMENTS.

632054 08-29-16

sched	ule D (Form 990) XIII Supplen	2016		SALTIC-A	AMER.	ICAN FRE	וטענ	M FO	JNDAT.	ION	2/-2//1854 Page 5
Part	XIII Supplen	nent	al Inform	ation (contin	ued)						
	·										
THE	FOUNDATI	ON	FILES	INCOME	TAX	RETURNS	IN	THE	U.S.	FEDERAL	JURISDICTION.
	-	-									
									_		-
											
											
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											Schedule D (Form 990) 201

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

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

e 14b, 15, or 16. **2016**

► Attach to Form 990.

Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

BALTIC-AMERICAN					27-277185	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the organ	ızatıon answered "\	'es" on
Form 990, Part IV						
	_		ds to substantiate the amount of its gr			
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	stance?	Yes No
2 For grantmakers. Desc United States	nbe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance outs	side the
3 Activities per Region (TI	ne following Parl	I, line 3 table ca	an be duplicated if additional space is	needed)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a proj describe	vity listed in (d) gram service, e specific type (s) in the region	(f) Total expenditures for and investments in the region
SUROPE (INCLUDING	1	4	GRANTS	i		1,695,890.
EUROPE (INCLUDING	0			AWARDS TO B	ALTIC OR FIRMS DEVELOPED AN	
CELIAND & GREENLAND)	0		INNOVATION AWARDS	GRANTS TO B		16,921.
				ORGANIZATIO		
EUROPE (INCLUDING					RS ON TOPICS	
CELAND & GREENLAND)	o	0	SPEAKER SERIES	OF INTEREST		115,563.
EUROPE (INCLUDING				GRANTS TO O	RGANIZATIONS SECURITY	
(CELAND & GREENLAND)	0	0	SECURITY SUPPORT	INITIATIVES	•	58,110.
						<u> </u>
3 a Subtotal	1	4			· · · · · · · · · · · · · · · · · · ·	1 886 494
3 a Sub-total b Total from continuation	1	4				1,886,484.
sheets to Part I	0	0				0.
c Totals (add lines 3a and 3b)	1	4				1 886 484.

632071 09-21-16

Schedule F (Form 990) 2016

SEE PART V FOR COLUMN (E) DESCRIPTIONS

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

27-2771854

Page 2

Schedule F (Form 990) 2016 BALTIC - AMERICAN FREEDOM FOUNDATION 27-2771854

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000 Part II can be duplicated if additional space is needed

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
:		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANTS - SPEAKER SERIES (22 RECIPIENTS)	115,563.WIRE	VIRE	0.		
		EUROPE (INCLUDING C ICELAND & GREENLAND)	GRANTS - SECURITY INITIATIVES (5 RECIPIENTS)	58,110,MIRE	VIRE	0		
o topioios	ortezioani	Enter total number of recipient organizations listed above that are r	and temporary of the formation animals and setting as periapopary	foreign country	yo yot ac borianooo	, , d		

Enter total number of other organizations or entitles

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

BALTIC-AMERICAN FREEDOM FOUNDATION

27-2771854

Page 3

Schedule F (Form 990) 2016 BALTIC-AMERICAN FREEDOM FOUNDATION 27-27/11854

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16

Part III can be duplicated if additional space is needed.

(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 noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
GRANTS - PROFESSIONAL INTERNSHIPS, GRADUATE SCHOLARSHIP AWARDS, RESEARCH SCHOLARSHIPS AND LEADERSHIP	EUROPE (INCLUDING ICELAND & GREENLAND) -	61	1,695,890.	1,695,890. CASH GRANTS	0		
GRANTS - INNOVATION AWARDS	EUROPE (INCLUDING ICELAND & GREENLAND) -	1	16,921.	16,921.Cash grants	0		
						Sched	Schedule F (Form 990) 2016

632073 09-21-16

SCHEDULE

(Form 990)

Part

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection ŝ

X Yes

Employer identification number 27-2771854 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 Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990. BALTIC-AMERICAN FREEDOM FOUNDATION General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization Department of the Treasury Internal Revenue Service

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	art II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.
7	Part	

recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	\$5,000. Part II can	be duplicated if additi	ional space is need	jed.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE MCCAIN INSTITUTE FOR INTERNATIONAL LEADERSHIP - 1800 I STREET NW, SIXTH FLOOR - WASHINGTON, DC 20006	86-6051042		125,000.	0			NEXT GENERATION LEADERS
ATLANTIC COUNCIL 1030 15TH STREET NW, 12TH FLOOR WASHINGTON, DC 20005	52-0742294		15,456.	0		,	BALTIC-AMERICAN SECURITY EXCHANGE
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in th	ne line 1 table				0

Schedule 1 (Form 990) (2016)

3 Enter total number of other organizations listed in the line 1 table LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

27-2771854

Schedule I (Form 990) (2016) BALTIC-AMERICAN FREEDOM FOUNDATION

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

Part III Gran be duplicated if additional space is needed.

(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 noncash assistance
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	juired in Part I, lir	le 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
THE FOUNDATION EVALUATES EACH GRANT	IT AWARDE	D THROUGH	DIRECT INQ	AWARDED THROUGH DIRECT INQUIRY AND/OR	
REPORTING FROM THOSE ENTITIES WHO	RECEIVED GRANTS.	GRANTS.			

Schedule I (Form 990) (2016)

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 Open to Public Inspection

Name of the organization

BALTIC-AMERICAN FREEDOM FOUNDATION

Employer identification number 27 - 2771854

THE ORGANIZATION REQUIRES DIRECTORS, OFFICERS, AND EMPLOYEES TO DISCLOSE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16