EXTENDED TO JULY 15, 2019

Form **990** 

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury	▶ Do not enter s
Internal Revenue Service	► Co to ununu i

ocial security numbers on this form as it may be made public. Open to Public Inspection r.irs.gov/Form990 for instructions and the latest information.

A F	or the	2017 calendar year, or tax year beginning $SEP \ 1$ , $2017$ and ending $A$	UG 31, 2018
В	heck if	C Name of organization	D Employer identification number
Г	Addres		
	Name change		27-2771854
E	]Initial retum Final retum/	Number and street (or P.O. box if mail is not delivered to street address)  124 CROSS POINT DRIVE  Room/suite	E Telephone number 443-458-3737
_	termin ated ∏Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$ 4,196,860.
늗	return	OWINGS, MD 20730	H(a) Is this a group return
_	tiòn pendir	IF Name and address of principal officer ALIAN A. GRIFFIN	for subordinates? Yes X No
1 1	22-02	mpt status 501(c)(3) _X 501(c)( 4 ) ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all subordinates included? Yes No  if "No," attach a list (see instructions)
		e: ► WWW.BALTICAMERICANFREEDOMFOUNDATION, ORG	H(c) Group exemption number
			of formation: 2010 M State of legal domicile: DE
	art I	Summary	Williams Williams
a	1	Briefly describe the organization's mission or most significant activities TO ENRICH	THE TIES BETWEEN THE
Activities & Governance		UNITED STATES AND LATVIA, LITHUANIA, AND (CONT	'INUED ON SCHEDULE O)
Ĕ	2	Check this box Full if the organization discontinued its operations or disposed of more	than 25% of its net assets.
8		Number of voting members of the governing body (Part VI, line 1a)	3 9
න න	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 9
es	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 0
Ξ	6	Total number of volunteers (estimate if necessary)	6 0
Act		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 RECHIVED	7b 0.
	_	Contributions and grants /Port \/(III line 1b)	Prior Year Current Year
Пē	!		$\frac{ Y }{ S }$ 0. 0.
Revenue		Program service revenue (Part VIII, line 2g)	16 0. 0. 0. D. 1516,773. 1,803,493.
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1 200. 1,803,493.
		the second ( and string estation ( )) missed ( estate) as a second secon	1,516,973. 1,803,493.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,031,440. 2,388,005.
		Benefits paid to or for members (Part IX, column (A), line 4)	0. 2,300,003.
s		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	75,000. 87,984.
nse		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
Expenses		Total fundraising expenses (Part IX, column (D), line 25)	
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,115,267. 1,115,008.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,221,707. 3,590,997.
	19	Revenue less expenses Subtract line 18 from line 12	<1,704,734.> <1,787,504.>
S Or		Ве	ginning of Current Year End of Year
Net Assets Fund Baland	20	Total assets (Part X, line 16)	32,030,147. 30,834,710.
agg Bagg	21	Total liabilities (Part X, line 26)	1,104,762. 979,315.
		Net assets or fund balances Subtract line 21 from line 20	30,925,385. 29,855,395.
	irt II	Signature Block	
		ities of perjury, I declare that I have examined this return, including accompanying schedules and statemi	
ue,	COITEC	t, and complete Declaration of provider (other than officer) is based on all information of which preparer	nas any knowledge.
Sigi	,	Signature of officer	Date
Her		ALAN A. GRIFFIN, CAO	
	•	Type or print name and title	
			Pate Check PTIN
Paid	ı	PAMELA SAWIN PAMELA L. Sawin 0	6/27/19 self-employed P00852182
Prep	arer	Firm's name CITRIN COOPERMAN & COMPANY LLP	Firm's EIN > 22-2428965
Use	Only	Firm's address TEN WEYBOSSET STREET - SUITE 700	
		PROVIDENCE, RI 02903	Phone no. 401-421-4800
May	the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2017)

	1990 (2017) BALTIC-AMERICAN FREEDOM FOUNDATION	27-2771854	Page 2
Į <b>Ŗ</b> a	rt[III] Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
	TO ENRICH THE TIES BETWEEN THE UNITED STATES AND LATVIA		
	AND ESTONIA, THROUGH PROGRAMS OF EDUCATION AND EXCHANGE		N
	ECONOMIC GROWTH AND DEMOCRATIC PROCESSES. VISIBLY STRENG	GTHENING	
	U.SBALTIC TIES IS A CORE GOAL.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.	<del></del> :	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Voc	X No
٠	If "Yes," describe these changes on Schedule O	res	LAY MO
	, and the second se		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 3,192,992. including grants of \$ 2,388,005.) (Revent		)
	TO ENRICH THE TIES BETWEEN THE UNITED STATES AND LATVIA		AND
	ESTONIA, THROUGH PROGRAMS OF EDUCATION AND EXCHANGE CENT		
	ECONOMIC GROWTH AND DEMOCRATIC PROCESSES. VISIBLY STRENG	GTHENING	
	U.SBALTIC TIES IS A CORE GOAL.		
	<u> </u>		
4b	(Code) (Expenses \$) (Revenue)	ue \$	)
		<u> </u>	
		<u></u>	<del> </del>
4c	(Code) (Expenses \$	ue \$	)
		<del></del>	
			•
4d	Other program services (Describe in Schedule O)		
_	(Expenses \$ including grants of \$ ) (Revenue \$	}	
4e	Total program service expenses 3,192,992.		
		Form 9	90 (2017)

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⊃age 3

## Part IV Checklist of Required Schedules

			163	140
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		х
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	з		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			۱
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			, .
44	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
2	as applicable  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		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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			
	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			ļ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7.7	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	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 14a	х	<u>├</u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	144		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	х	l
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	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X	
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	000	X
		Form	990 (	(2017)

Part 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
b	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		X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	ļ		
	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		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l		
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		х
<b>b</b>	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a		<u>├</u>
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	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,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			_
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			- <del></del>
a	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		
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		<del></del>
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
a	If "Yes" to line 35a, 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	امدا		
36		35b		_
30	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	<del>-</del> -		<u> </u>
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	2017)

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14b

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

27-2771854 Page 6 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
<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	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.			
b	Enter the number of voting members included in line 1a, above, who are independent			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	<u> </u>		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	з		X
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		<u>x</u> .
6	Did the organization have members or stockholders?	6	Х	
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	Х	
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	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			$\overline{}$
а	The governing body?	8a	$\overline{\mathbf{x}}$	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		[	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			- 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	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			
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)	availab	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, and	d finan	cial	
	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			

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### BALTIC-AMERICAN FREEDOM FOUNDATION 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  (A)	(B)	(C)					. iJai	(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one box, unless person is both an				on l		Reportable	Reportable	Estimated		
	hours per					than is bot	one h an	compensation	compensation	amount of		
	week					or/trus		from	from related	other		
	(list any	ş						the	organizations	compensation		
	hours for	E E		l		<u>a</u>		organization	(W-2/1099-MISC)	from the		
	related	tee 0	ustee	İ		ensa		(W-2/1099-MISC)		organization		
	organizations	Individual trustee or director	institutional trustee	l	Key employee	Highest compensated employee				and related		
	below	Mdu	ututo	Officer	ᇣ	a get	<b>Р</b> огтег			organizations		
	line)	를	Iust	18.	ş.	£.	Ē					
(1) KIM G. DAVIS	4.00	x		x		l		0.	0.	0		
CHAIRMAN (2) DANGUOLE ALTMAN	2.00	^		₽	-	├	H		0.	0.		
DIRECTOR	2.00	x						0.	0.	0.		
(3) AMBASSADOR MICHAEL C. POLT	2.00	Δ	-	-	┝	⊢		0.	0.	0.		
DIRECTOR	2.00	x			l			0.	0.	0.		
(4) PETER A. RAGAUSS	2.00	^			┝	├	-	0.	0.			
DIRECTOR	2.00	X			ĺ			0.	0.	0.		
(5) RICHARD C. SHERIDAN	2.00	<u> </u>		_	┝	╁		0.	•	0.		
DIRECTOR	<del>- 2.00</del>	x		ĺ	1			0.	0.	0.		
(6) THE HONORABLE MARK SULLIVAN III	2.00		-	-	$\vdash$	$\vdash$						
DIRECTOR		x						0.	0.	0.		
(7) ANDRES TRINK	2.00				1	┢				• •		
DIRECTOR		x				ł		0.	0.	0.		
(8) AMBASSADOR JACKIE WOLCOTT	2.00		$\vdash$									
DIRECTOR		Х						0.	0.	0.		
(9) THE HONORABLE RODNEY E. SLATER	2.00											
DIRECTOR		X						0.	0.	0.		
(10) ALAN A. GRIFFIN	8.00											
CAO				X				65,590.	0.	0.		
(11) ROBERT C. ODLE JR.	4.00											
COUNSEL		<u> </u>		Х				0.	0.	0.		
		Ш			L.,	ļ						
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week (list any	(do not box, un officer s		Pos heck as pe	C) iitior more ireon	1 than is bot	one th an	(D)  Reportable compensation from	(E) Reportable compensation from related		an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa rom the janizati d relate anizatie	e ion ed
			-											
	-													
	,													
	Sub-total				•			▶	65,590.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A						<b>&gt;</b>	65,590.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ıose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportabl	Э			0
3	Did the organization list any <b>former</b> officer,	director, or tru	uste	e, ke	ey er	mplo	yee	, or	highest compensated e	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su			amn	enes	ation	n and	d ot	her compensation from	the organization		3		Х
•	and related organizations greater than \$150	•		•					•	ine organization		4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					•		elat	ed organization or indivi	dual for services		5		X
	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization Report compensation for										pens	ation f	rom	
	(A) Name and business	address	N	INC	3				( <b>B)</b> Description of s	ervices	С	(C Compe	C) nsatioi	n
	<del></del>													
2	Total number of independent contractors (i \$100,000 of compensation from the organization)		ot la	mite	d to		se li:	sted	l above) who received m	ore than				
								_						

Form 990 (2017) Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Revenue excluded Related or Unrelated Total revenue from tax under sections 512 - 514 exempt function business revenue revenue fts, Grants Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 1c c Fundraising events Contributions, Gifts, and Other Similar Ar 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f Q Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 463,089. 463,089. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ī) Real (II) Personal 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 (i) Securities (II) Other 3,733,771. assets other than inventory b Less cost or other basis 2,393,367. and sales expenses 1,340,404 c Gain or (loss) 1,340,404. 1,340,404. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c). See 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 Busi<u>ness Code</u> 11 a d All other revenue

12 732009 11-28-17 1,803,493.

e Total. Add lines 11a-11d Total revenue. See instructions.

٥.

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)										
	Check if Schedule O contains a response or note to any line in this Part IX									
	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	315,492.	315,492.							
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	2,072,513.	2,072,513.							
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees	87,984.		87,984.						
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	804,987.	804,987.							
b	Legal	6,727.		6,727.						
С	Accounting	30,425.		30,425.						
d	, ,	\								
е	Professional fundraising services. See Part IV, line 17	404.005		101 005						
f	Investment management fees	124,025.		124,025.						
g	Other (If line 11g amount exceeds 10% of line 25,	500								
	column (A) amount, list line 11g expenses on Sch O.)	788.		788.						
12	Advertising and promotion									
13	Office expenses									
14	Information technology									
15	Royalties	2 100		0 100						
16	Occupancy	2,100. 123,761.		2,100.						
17	Travel	123,701.		123,761.						
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	9,588.		9,588.						
23	Insurance Other expanses Hamile expanses not covered	3,300.		3,300.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line									
	24e amount exceeds 10% of line 25, column (A)		<u>,</u>							
_	amount, list line 24e expenses on Schedule 0.)  BANK FEES	11,138.	•	11,138.						
a h	OTHER EXPENSES	1,469.		1,469.						
0		1,200.		1,403.						
c d	<del></del>									
e	All other expenses				-					
25	Total functional expenses. Add lines 1 through 24e	3,590,997.	3,192,992.	398,005.	0.					
<u>26</u>	Joint costs. Complete this line only if the organization	2,000,007	-,-,-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,0,003						
_~	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									
	Check here from if following SOP 98-2 (ASC 958-720)		ļ							

		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>		
			(A) Beginning of year		(B) End of year
	•	Cook non-interest hoomes	325,292.	1	235,910.
	1 2	Cash - non-interest-bearing	323,232.	2	233,310.
		Savings and temporary cash investments			
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	• • • • • • • • • • • • • • • • • • • •
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		<del>_</del>	
		Part II of Schedule L	. ———	5	
	6	Loans and other receivables from other disqualified persons (as defined und	Table   Tabl	- =	
		section 4950(f)(1)), persons described in section 4950(o)(3)(B), and contribu-	ting		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Assets	_	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Ass	7	Notes and loans receivable, net		7	
•	8	Inventories for sale or use	17-500	8	2 011
	9	Prepaid expenses and deferred charges	17,560.	9	2,811.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D, 10a			
		Less accumulated depreciation 10b	21 600 005	10c	20 505 200
	11	Investments - publicly traded securities	31,687,295.	11	30,595,989.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	20 020 445	15	22 224 542
	16	Total assets. Add lines 1 through 15 (must equal line 34)	32,030,147.	16	30,834,710.
	17	Accounts payable and accrued expenses	552,524.	17	375,310.
	18	Grants payable	-552,238.	18	604,005.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees			
Ħ		key employees, highest compensated employees, and disqualified persons			<del></del>
Liabilities		Complete Part II of Schedule L		22	
_	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	1 101 560	25	050 045
	26	Total liabilities. Add lines 17 through 25	1,104,762.	26	979,315.
		Organizations that follow SFAS 117 (ASC 958), check here	d		
Ses		complete lines 27 through 29, and lines 33 and 34.	20 025 305		20 055 205
au	27	Unrestricted net assets	30,925,385.	27	29,855,395.
Bal	28	Temporarily restricted net assets		28	
<u> </u>	29	Permanently restricted net assets	¬	29	
Ţ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶∟	<b>-</b>		
0		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	,
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	20 005 205	32	20 055 205
-	33	Total net assets or fund balances	30,925,385.	33_	29,855,395. 30,834,710.
	34	Total liabilities and net assets/fund balances	32,030,147.	34	

	990 (2017) BALTIC-AMERICAN FREEDOM FOUNDATION	27-	<u> 2771</u>	<u>854</u>	Pag	ge <b>12</b>
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		,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,59		
3	Revenue less expenses. Subtract line 2 from line 1	3				04.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	30	,92		
5	Net unrealized gains (losses) on investments	5		71	7,5	14.
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	29	, 85	5,3	95.
Pa	rt XIII 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					1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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 separate	e basis	,			1
	consolidated basis, or both					1
	Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,				
	review, or compilation of its financial statements and selection of an independent accountant?			<sup>-</sup> 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C	)			l
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	dıt			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	drt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3ь		

Form **990** (2017)

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BALTIC-AMERICAN FREEDOM FOUNDATION

**Employer identification number** 27-2771854

Pa	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the									
	organization answered "Yes" on Form 990, Part IV, line 6									
		(a) Donor advised funds	(b) Funds and other accounts							
1	Total number at end of year									
2	Aggregate value of contributions to (during year)									
3	Aggregate value of 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 advise	d funds							
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No							
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be u	sed only							
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose c	onferring							
_	impermissible private benefit?		Yes No							
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	urt IV, line 7							
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)								
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histor	ically important land area							
	Protection of natural habitat	Preservation of a certification	ed historic structure							
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of								
	day of the tax year		Held at the End of the Tax Year							
а	Total number of conservation easements		2a							
b	Total acreage restricted by conservation easements		2b							
C	Number of conservation easements on a certified historic st	` <b>'</b>	2c							
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structur								
	listed in the National Register		2d							
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the o	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 pe									
_	violations, and enforcement of the conservation easements		└── Yes └── No							
6	Staff and volunteer hours devoted to monitoring, inspecting.	nandling of violations, and enforcing conse	ervation easements during the year							
7	Amount of expenses included in montaining increasing ben	ding of waletions, and enforcing concernation	an accomente di una the vec-							
•	Amount of expenses incurred in monitoring, inspecting, hand > \$	dling of violations, and emorcing conservation	on easements during the year							
8	Does each conservation easement reported on line 2(d) abo	up catisfy the requirements of coation 170/h	\/4\/P\/0							
Ü	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 170(ii	Yes No							
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s								
•	include, if applicable, the text of the footnote to the organiza	·	·							
	conservation easements		o organization o accounting for							
Pa	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Otl	ner Similar Assets.							
	Complete if the organization answered "Yes" on Form									
1a	If the organization elected, as permitted under SFAS 116 (A)		ent and balance sheet works of art.							
	historical treasures, or other similar assets held for public ex	•	•							
	the text of the footnote to its financial statements that descri	· ·	,							
b	If the organization elected, as permitted under SFAS 116 (A)		and balance sheet works of art, historical							
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of publ	ic service, provide the following amounts							
	relating to these items	·								
	(i) Revenue included on Form 990, Part VIII, line 1		<b>▶</b> \$							
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$							
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial g	gain, provide							
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items								
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$							
<u>b</u>	Assets included in Form 990, Part X		<b>&gt;</b> \$							
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017							

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

732051 10-09-17

		AMERICAN F	REEDO	M FOU	NDATION			<u> 27-27</u>	71854	Page 2
Par	t III  Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easures, or (	Other	Simil	ar Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check a	any of the	following that ar	re a sign	ficant	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	d	، ∐ د	oan or excl	hange programs	3				
b	Scholarly research	е	, 🗀 o	ther				_		
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further tl	he organization's	s exemp	t purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	r receive donations	of art, hist	orical trea	sures, or other s	sımılar as	sets			
	to be sold to raise funds rather than to be ma	aintained as part of	the organi	zation's co	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the c	rganizatio	n answered "Ye	s" on Fo	rm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for co	ontribution	s or other asset	s not inc	luded		_	
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	ble						_
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
	Distributions during the year						1e	-		
f	Ending balance						1f			-
2a	Did the organization include an amount on F	orm 990, Part X, line	21. for es	crow or cu	ustodial account	t liability	?		Yes	□ No
	If "Yes," explain the arrangement in Part XIII		-			-				
Par							-			
		(a) Current year		or year	(c) Two years ba		Three y	ears back	(e) Four	years back
1a	Beginning of year balance			<b>,</b>		<u> </u>			<u> </u>	<u>-</u>
ь	Contributions			·						
c	Net investment earnings, gains, and losses		<del> </del>							
ď	Grants or scholarships		<del> </del>			<u> </u>				
	Other expenditures for facilities		1							
•	and programs									
	, ,		<u> </u>			_			<b>-</b>	
†	Administrative expenses End of year balance									
g	•		// 4		<u> </u>	1			<u> </u>	
2	Provide the estimated percentage of the cur	rent year end balanc	- · · · · -	column (a	a)) neid as					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Temporarily restricted endowment	%								
_	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	are held a	nd administered	for the	organi	zation	r	<del> </del>
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	<del></del>
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment fu	nds						
Pai	t VI Land, Buildings, and Equipm				_					
	Complete if the organization answere									
	Description of property	(a) Cost or o			l l	(c) Accu		I	(d) Book	value
	. <u></u>	basis (investr	ment)	basis	(other)	depre	ciation			
1a	Land									
b	Buildings			_						
С	Leasehold improvements									
d	Equipment									
<u>e</u>	Other	<u></u>								
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X. columr	(B), line 1	0c)			▶		0.

Schedule D (Form 990) 2017

	RICAN FREEDOM	FOUNDATION	27-2771854 Page 3
Part VII Investments - Other Securities.		•	
Complete if the organization answered "Ye		11b See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security	(b) Book value	(c) Method of valuation Cost o	r end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			-
(3) Other			
(A)			
(B)			
(C)			<u> </u>
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) musi equal Form 900, Part X, col. (B) line 12.)	<b>&gt;</b>	,	• .
Part VIII Investments - Program Related.	<u> </u>		
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11c See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost o	r end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	<u> </u>		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>	-	
Part IX Other Assets.	•	•	
Complete if the organization answered "Ye	s" on Form 990, Part IV, line	11d See Form 990, Part X, line 15.	
	a) Description		(b) Book value
(1)			
(2)			
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6)			

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1.	(a) Description of liability	( <b>b</b> ) Bo	ok value
(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)	<b>&gt;</b>	

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 🛣

Schedule D (Form 990) 2017

THE FOUNDATION FILES INCOME TAX RETURNS IN THE U.S. FEDERAL JURISDICTION.

THAT QUALIFIED FOR EITHER RECOGNITION OR DISCLOSURE IN THESE FINANCIAL

STATEMENTS.

Schedule D (Form 990) 2017	BALTIC-AMERICAN	FREEDOM	FOUNDATION	27-2771854	Page 5
Schedule D (Form 990) 2017 Part XIII   Supplemental Info	ormation (continued)				
11	· · · · · · · · · · · · · · · · · · ·	·			
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	· · · · · · · · · · · · · · · · · · ·				
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### 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.

➤ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

Name of the organization

BALTIC-AMERICAN FREEDOM FOUNDATION

Employer identification number

27-2771854

Part I General Info	rmation on A	ctivities Ou	tside the United States. Compl	ete if the organization answered "Y	es" on
Form 990, Part IV	/, line 14b				
1 For grantmakers. Does	the organization	n maintain recor	ds to substantiate the amount of its gr	ants and other assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	e grants or assistance?	Yes Do
2 For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and other assistance outs	side the
United States.					
3 Activities per Region (TI	he following Part	t I, line 3 table ca	an be duplicated if additional space is	needed)	
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	. offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	ın the region	independent	gram services, investments, grants to		for and investments
		contractors in the region	recipients located in the region)	of service(s) in the region	in the region
				PROVIDES PROFESSIONAL	
		ļ		INTERNSHIPS, GRADUATE	
EUROPE (INCLUDING		ŀ		SCHOLARSHIPS RESEARCH	
ICELAND & GREENLAND)	] 3	4	GRANTS	SCHOLARSHIPS, LEADERSHIP	1,780,185.
				AWARDS TO BALTIC	
				INDIVIDUALS OR FIRMS	
EUROPE (INCLUDING				THAT HAVE DEVELOPED AN	
ICELAND & GREENLAND)	0	0	INNOVATION AWARDS	INNOVATION IN	53,372.
				GRANTS TO BALTIC	
				ORGANIZATIONS TO HOST	
EUROPE (INCLUDING -		-		U.S. SPEAKERS ON TOPICS	
ICELAND & GREENLAND)	0	0	SPEAKER SERIES	OF INTEREST TO THEIR	103,229.
			İ		
				GRANTS TO ORGANIZATIONS	
EUROPE (INCLUDING				TO SUPPORT SECURITY	
ICELAND & GREENLAND)	0	0	SECURITY SUPPORT	INITIATIVES.	70,327.
				-	<u> </u>
	ļ				
EUROPE (INCLUDING	1	}		AABS CONFERENCE AT	
ICELAND & GREENLAND)	0	0	GRANTS TO INDIVIDUALS	STANFORD UNIVESITY	65,400.
					<u> </u>
	I		1		1

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

SEE PART V FOR COLUMN (E) DESCRIPTIONS

1

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Schedule F (Form 990) 2017

2,072,513.

2,0/2,513.

0.

3 a Sub total

and 3b)

**b** Total from continuation

sheets to Part I

c Totals (add lines 3a

; ;

Schedule F (Form 990) 2017

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

Schedule F (Form 990) 2017	Schec			İ				
			3	:		or entities	other organizations	3 Enter total number of other organizations or entities
		xempt •	recognized as tax-e	foreign country, er	Enter total number of recipient organizations listed above that are recognized as charties 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	ns listed above that are unsel has provided a sec	recipient organization the grantee or cou	2 Enter total number of by the IRS, or for whice
					:			
		0		53,372.	GRANTS - INNOVATION AWARDS (6 RECIPIENTS)	EUROPE (INCLUDING ICELAND & GREENLAND)		
:		0	WIRE	70,327.WIRE	GRANTS - SECURITY INITIATIVES (5 RECIPIENTS)	BUROPE (INCLUDING ICELAND & GREENLAND)		
		0.	WIRE	103,229.	GRANTS - SPEAKER SERIES (21 RECIPIENTS)	EUROPE (INCLUDING ICELAND & GREENLAND)		
(i) Method of valuation (book, FMV, appraisal, other)	(h) Description of noncash assistance	(g) Amount of noncash assistance	(f) Manner of cash disbursement	(e) Amount of cash grant	(d) Purpose of grant	(c) Region	(b) IRS code section and EIN (if applicable)	1 (a) Name of organization

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Schedule F (Form 990) 2017 BALTIC-AMERICAN FREEDOM FOUNDATION 27-2771854

[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.

nod of tion FMV, , other)						000) 2017
(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2017
(g) Description of noncash assistance						Schedi
(f) Amount of noncash assistance	0.	•0				
(e) Manner of cash disbursement	1,780,185.CASH GRANTS	65,400,CASH GRANTS				
(d) Amount of cash grant	1,780,185.	65,400.				
(c) Number of recipients	48	37				
(b) Region	EUROPE (INCLUDING ICELAND & GREENLAND) -	EUROPE (INCLUDING ICELAND & GREENLAND) -				
(a) Type of grant or assistance	GRANTS - PROFESSIONAL INTERNSHIPS, GRADUATE SCHOLARSHIP AWARDS, RESEARCH SCHOLARSHIPS AND LEADERSHIP					

SEE PART V FOR COLUMN (A) DESCRIPTIONS 20

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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 separately file Form 5713, International Boycott Report (see

Instructions for Form 5713, don't file with Form 990)

Schedule F (Form 990) 2017

Yes X No

### Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region), 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. See instructions

PART I, LINE 3, COLUMN (E):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROVIDES PROFESSIONAL INTERNSHIPS, GRADUATE SCHOLARSHIPS, RESEARCH SCHOLARSHIPS, LEADERSHIP

ACADEMY FOR HIGH SCHOOLER AWARDS & SUPPORT FOR BALTIC INNOVATION AWARDS.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: AWARDS TO BALTIC INDIVIDUALS OR FIRMS THAT HAVE DEVELOPED AN INNOVATION IN COOPERATION WITH A U.S.

PARTNER.

REGION: EUROPE (INCLUDING ICELAND & GREENLAND)

(E) SPECIFIC TYPES OF SERVICES IN REGION: GRANTS TO BALTIC ORGANIZATIONS

TO HOST U.S. SPEAKERS ON TOPICS OF INTEREST TO THEIR COMMUNITIES.

PART III, COLUMN (A):

REGION: EUROPE (INCLUDING ICELAND & GREENLAND) -

(A) TYPE OF GRANT OR ASSISTANCE: GRANTS - PROFESSIONAL INTERNSHIPS,

GRADUATE SCHOLARSHIP AWARDS, RESEARCH SCHOLARSHIPS AND LEADERSHIP ACADEMY

FOR HIGH SCHOOLER AWARDS AND ENRICHMENT TRIPS.

SCHEDULEI (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

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OMB No 1545-0047

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Open to Public Inspection

Employer identification number 27-71854

BALTIC-AMERICAN FREEDOM	ERICAN FI		FOUNDATION				27-2771854
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount	to substantiate th		s or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	stance?						X Yes
2 Describe in Part IV the organization's procedures for monitoring the	ocedures for mon		use of grant funds in the United States	d States			
Part 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	Domestic Organ	izations and Domesti	c Governments. C	complete if the orga	Inization answered "Y	res" 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	\$5,000 Part II cal	n be duplicated if addit	tional space is need	qeq			
1 (a) Name and address of organization or government	(p) 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
ARIZONA STATE UNIVERSITY POUNDATION - 1800 I STREET NW, SIXTH FLOOR - WASHINGTON, DC 20006	86-6051042	501(C)3	125,000.	.0			NEXT GENERATION LEADERS
CEPA 1275 PENNSYLVANIA AVE., N.W. WASHINGTON, DC 20004	52-0742294	501(C)3	15,456.	.0			SECURITY EXCHANGE
HUDSON INSTITUTE 1201 PENNSYLVANIA AVE., SUITE 400 WASHINGTON, DC 20004	13-1945157	501(C)3	.000,28	•0			SECURITY EXCHANGE
FINANCIAL SERVICES VOLUNTEER CORPS 10 RAST 53RD ST., 36TH FLOOR NEW YORK, NY 10022	13-3568629	501(C)3	50,000.	0.			SECURITY EXCHANGE
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)3	19,000.	0			SECURITY EXCHANGE
1	and government o	rganizations listed in th	ne line 1 table				20
-1	s listed in the line	1 table					<b>•</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for	s, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017)

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 can be duplicated if additional space is needed BALTIC-AMERICAN FREEDOM FOUNDATION

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(f) Description of noncash assistance					
(e) Method of valuation (book, FMV, appraisal, other)					ddrtional information
(d) Amount of non- cash assistance					(b), and any other a
(c) Amount of cash grant	-	7	-		e 2, Part III, column
(b) Number of recipients					uired in Part I, lin
(a) Type of grant or assistance					Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART I, LINE 2:

THE FOUNDATION EVALUATES EACH GRANT AWARDED THROUGH DIRECT INQUIRY AND/OR

REPORTING FROM THOSE ENTITIES WHO RECEIVED GRANTS.

732102 11-01-17

Schedule I (Form 990) (2017)

### **SCHEDULE 0** (Form 990 or 990-EZ)

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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. ► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BALTIC-AMERICAN FREEDOM FOUNDATION

**Employer identification number** 27-2771854

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ESTONIA, THROUGH PROGRAMS OF EDUCATION AND EXCHANGE CENTERING ON
ECONOMIC GROWTH AND DEMOCRATIC PROCESSES. VISIBLY STRENGTHENING
U.SBALTIC TIES IS A CORE GOAL.
FORM 990, PART VI, SECTION A, LINE 6:
DELAWARE LAW REQUIRES THAT ALL NONSTOCK CORPORATIONS HAVE MEMBERS. THE
ORGANIZATION'S MEMBERS ARE THE DIRECTORS SO LONG AS THEY ARE DIRECTORS. THE
MEMBERS ELECT THE DIRECTORS AND HAVE CERTAIN ADDITIONAL RIGHTS OF APPROVAL
AS MEMBERS AS PROVIDED BY DELAWARE LAW.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS ARE ELECTED BY CURRENT MEMBERS OF THE ENTITY AND HOLD OFFICE FOR
THREE YEARS OR UNTIL THEIR RESIGNATION OR REMOVAL BY A MAJORITY VOTE OF
MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7B:
THE MEMBERS ELECT THE DIRECTORS AND HAVE CERTAIN ADDITIONAL AUTHORITY UNDER
DELAWARE LAW.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS DISTRIBUTED TO THE BOARD OF DIRECTORS FOR REVIEW PRIOR TO
FILING.
FORM 990, PART VI, SECTION B, LINE 12C:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

THE ORGANIZATION REQUIRES DIRECTORS, OFFICERS, AND EMPLOYEES TO DISCLOSE