SCANNED MAR 2 2 2021

Form **990**

Department of the Treasury

Internal Revenue Service

EXTENDED TO JULY 15, 2020

Return of Organization Exempt From Income Tax

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

2018
Open to Public Inspection

A F	or th	e 2018 calendar year, or tax year beginning SEP_1 , 2018 and endir	ng A	UG 31, 2019							
В	heck if	C Name of organization		D Employer identific	cation number						
	Addre	BALTIC-AMERICAN FREEDOM FOUNDATION									
	Name			27-2	771854						
	Initial return	· · · · · · · · · · · · · · · · · · ·	n/suite	E Telephone number							
	Final return			443-	458-3737						
	termir	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7,414,592.						
	Amen	OWINGS, MD 20736		H(a) Is this a group re							
	Application pendi	F Name and address of principal officer ALIAN A. GRIFFIN		for subordinates	? Yes X No						
_	po	SAME AS C ABOVE	A24	H(b) Are all subordinates in							
			O)52	· ·	list (see instructions)						
		te: WWW.BALTICAMERICANFREEDOMFOUNDATION.ORG		H(c) Group exemption							
	orm o	organization: X Corporation	L Year	of formation: ZUIU N	State of legal domicile: DE						
L	1		CH '	THE TIES BET	WEEN THE						
Se	-	,		NUED ON SCH							
Governance	2	Check this box I if the organization discontinued its operations or disposed of	more	than 25% of its net ass	ets.						
Ver	3	Number of voting members of the governing body (Part VI, line 1a)									
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	10						
අති ගු	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		5	0						
iţie	6	Total number of volunteers (estimate if necessary)		6	0						
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.						
_<	b	Net unrelated business taxable income from Form 990-T, line 38		7b	0.						
				Prior Year	Current Year						
60	8	Contributions and grants (Part VIII, line 1h)		0.	0.						
ğ	9	Program service revenue (Part VIII, line 2g)	<u> </u>	0.	0.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	L	1,803,493.	1,658,755.						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ļ	0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,803,493.	1,658,755.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,388,005.	2,339,442.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	87,984.	90,000.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.						
ğ	þ	Total fundraising expenses (Part IX, column (D), line 25)	-	1 115 000	4 000 050						
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,115,008.	1,293,258.						
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), In 25) EIVED	\Box	3,590,997.	3,722,700.						
	19	Revenue less expenses Subtract line 18 from line 12		-1,787,504.	-2,063,945.						
S OF		Total assets (Part X, line 16) MAR 1 9 2020	Be	ginning of Current Year 30,834,710.	End of Year						
Sset	20	· · · · · · · · · · · · · · · · · · ·	131		28,238,772.						
Net Assets	21	Total liabilities (Part X, line 26)]#+	979,315.	1,270,354.						
高	ırt II	Net assets or fund balances Subtract line 21 from line 20	11	29,855,395.	26,968,418.						
		lities of perjury, I declare that I have examined this return, including accompanying schedules and s		nts, and to the hest of my	knowledge and helief it is						
		it, and complete: Declaration of Spreparer (other than officer) is based on all information of which pr			knowledge and belief, it is						
uue,	COLLEC	is, and complete, pecial and opyrepare (other than officer) is based on an information of which pr	срагог	March 1	7. 2020						
Sia		Signature of office Communication in the state of the sta		Date	1, avac						
Sig:		ALAN A. GRIFFIN, CAO									
ner	5	Type or print name and title									
_		Print/Type preparer's name Preparer's signature	10	Date Check	PTIN						
Trinorype proparer smaller [7] and [7] and [7] and [7] are the first trinorype proparer smaller [7].											
	arer	Firm's name CITRIN COOPERMAN & COMPANY LLP	03/03/20 self-employed P00852182 Firm's EIN ► 22-2428965								
•	Only	Firm's address 500 EXCHANGE STREET, SUITE 9-100		T. III O CHE							
	J,	PROVIDENCE, RI 02903		Phone no. 4 0	ر 1-421-4800						
May	the	RS discuss this return with the preparer shown above? (see instructions)		11.0000000.200	X Yes No						
	01 12-3				Form 990 (2018)						

Form	990 (2018) BALTIC-AMERICAN FREEDOM FOUNDATION	27-2771854	Page 2
Pa	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 (ECONOMIC GROWTH AND DEMOCRATIC PROCESSES. VISIBLY STRENGT	CENTERING ON	<u> </u>
	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? If "Yes," describe these new services on Schedule O	Yes	X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported	• •	
4-	2 210 702		
4a	(Code) (Expenses \$ 3,210,702. including grents of \$ 2,339,441.) (Revenue TO ENRICH THE TIES BETWEEN THE UNITED STATES AND LATVIA,		AND ,
			MIND
	ESTONIA, THROUGH PROGRAMS OF EDUCATION AND EXCHANGE CENTI		
	ECONOMIC GROWTH AND DEMOCRATIC PROCESSES. VISIBLY STRENGT	THENING	
	U.SBALTIC TIES IS A CORE GOAL.		
4b	(Code) (Expenses \$ including grants of \$) (Revenue	ue \$	
	· · · · · · · · · · · · · · · · · · ·		
			
	-		
			
4c	(Code) (Expenses \$) (Revenue	Je \$)
		11	
		•	

4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$		
<u>4e</u>	Total program service expenses ▶ 3,210,702.		
_		Form §	990 (2018)

	990 (2018) BALTIC-AMERICAN FREEDOM FOUNDATION 27-2771	854	P	age 3
Pai	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)?			
	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	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
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		X
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?			
	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	l		7.7
	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, 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,	١.,		v
	Part VI	11a		X
ь	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b		
С	-			х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
a		11d		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.6		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	 ''''		
124		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	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	х	
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	
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	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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			

832003 12-31-18

domestic government on Part IX, column (A), line 19 if "Yes," complete Schedule I. Parts I and II

Page 4

	1 (bothinged)			т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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	ŀ		Į
	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	Í	X
b	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			
	any tax-exempt bonds?	24c		
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1	l	l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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,"	ĺ		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			٠,,
	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)			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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		х
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		 ** -
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		-	
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	!	Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
<u> </u>	Note, All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			┸┸
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 5	``		·
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		X	
	(gambling) winnings to prize winners?	1c Form		(2018)
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}Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
				Yes	No			
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 ()					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	L				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)						
3а	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	0	3b	Ь	L			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	iccount)?	4a	12000000	X			
Ь	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			X			
5a								
b								
. с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>	 -				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			٠,			
	any contributions that were not tax deductible as charitable contributions?		6a	\vdash	X			
ь	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts	۱					
_	were not tax deductible?		6b		***			
7	Organizations that may receive deductible contributions under section 170(c).	annon municipal to the marrow O	2000					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to trie payor?	7a					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	os romurod	7b	\vdash				
С	to file Form 8282?	as required	7 _C					
٠d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	7 <u>C</u>	*3873				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		7e	6683.6730	723533			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f		_			
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		\vdash			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza		7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			200				
	sponsoring organization have excess business holdings at any time during the year?	•	8		3:#82382820#			
9	Sponsoring organizations maintaining donor advised funds.			236				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9ь					
10	Section 501(c)(7) organizations. Enter							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	⅃ ▓▓					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	- ₩₩					
11	Section 501(c)(12) organizations. Enter							
а	Gross income from members or shareholders	11a	-					
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against							
	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		12a	330,50,555	88/ 50/86/8			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	┨					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-	\$5.00 Miles	360363			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a	04223	22024			
	•							
D	Enter the amount of reserves the organization is required to maintain by the states in which the	13b						
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c '	┨					
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?		14a	x1 2037716	X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	20	14b	\vdash				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunel		170	\vdash				
.5	excess parachute payment(s) during the year?		15		х			
	If "Yes," see instructions and file Form 4720, Schedule N.			3333	****			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?	16	FERREST	X			
	If "Yes," complete Form 4720, Schedule O	-		7	288			
		1	Forn	990	(2018)			

BALTIC-AMERICAN FREEDOM FOUNDATION 27-2771854 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 X Check if Schedule O contains a response or note to any line in this Part VI Section 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 1a 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. 10 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? 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? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7h persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies This Section B requests information about policies not required by the Internal Revenue Code. Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? 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 X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done 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 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? X a The organization's CEO. Executive Director, or top management official 15a 15b **b** Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a 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? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) X Upon request ___ Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

20736

Form 990 (2018)

832006 12-31-18

ALAN GRIFFIN - 443-458-3737

124 CROSS POINT DRIVE,

Form 990 (2018)

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.

(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more box, unless person is				an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	recto	Highest compensated A	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KIM G. DAVIS	4.00								•	•
CHAIRMAN	2 00	X	_	X	┝	\vdash	_	0.	0.	0.
(2) RICHARD C. SHERIDAN	2.00	x						0.	0.	0.
DIRECTOR (3) THE HONORABLE MARK SULLIVAN III	2.00	<u> </u>	-	\vdash	\vdash		⊢	<u> </u>	0.	
DIRECTOR	2.00	x						0.	0.	0
(4) DANGUOLE ALTMAN	2.00			 	\vdash			<u>~.</u>		
DIRECTOR		x						0.	0.	0
(5) ANDRES TRINK	2.00									
DIRECTOR		Х						0.	0.	0
(6) AMBASSADOR MICHAEL C. POLT	2.00									
DIRECTOR		X		_		<u> </u>	L	0.	0.	0.
(7) PETER A. RAGAUSS	2.00									
DIRECTOR		X	_	_	<u> </u>	<u> </u>	ļ	0.	0.	0
(8) THE HONORABLE RODNEY E. SLATER	2.00	x						0.	0.	0
DIRECTOR MEDERO	2.00	^	\vdash	\vdash	⊢		\vdash	0.	<u> </u>	0
(9) JOANNE MEDERO DIRECTOR	2.00	x						0.	0.	0
(10) ASTA SENDONARIS	2.00	^				H	-			-
DIRECTOR	2.00	x						0.	0.	0
(11) AMBASSADOR JACKIE WOLCOTT	2.00	<u> </u>				Г			<u>. </u>	
DIRECTOR (FORMER)		x						0.	0.	0
(12) ALAN A. GRIFFIN	8.00									
CAO				Х	L.			102,500.	0.	0
(13) ROBERT C. ODLE JR.	4.00									·
COUNSEL				X			L	0.	0.	0
•						1				
		<u> </u>	\vdash	_	L-	<u> </u>	<u> </u>			
		1								
	 	\vdash	\vdash	-	\vdash	\vdash	⊢	 		
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	<u> </u>	1		I	1				l	

832007 12-31-18

Form 990 (2018)

Page 7

rai	TVII Section A. Officers, Directors, Trus	li .	ploy	ees,			ghe	st C		s (continued)				
	(A)	(B)	(C)						(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable			stimate	
		hours per	box	, unle	ss pa	rson	s bot	h an	compensation	compensati		ar	nount	of
		week	-	T	I	I	I	1	from	from relate			other	
		(list any hours for	recto				1		the	organization			pensa	
		related	p.o.	<u>a</u>			sated	l	organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		rom th	
		organizations	ruste	Irus		8	ii de		(VV-2/1099-IVIIGC)			_	janizat d relat	
		below	dual t	troma	١_	l g	st co					1	anızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			Ī										-	
		ļ	ļ	ļ			<u> </u>	_				<u> </u>		
			1											
								T						
	The same of the sa		<u> </u>	ļ	_			_			_			
			-											
		 												
			_	_		<u> </u>	ļ	_	<u> </u>					
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			_	<u> </u>	_	_		_						
			1											
			_	 				T						
			<u>L</u>	<u> </u>					100 500					
1b	Sub-total								102,500.		0.	ļ		0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)							<u> </u>	102,500.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	d at	oove	e) wh	io re	eceived more than \$100,	000 of reportabl	е			1
	compensation from the organization	<u> </u>											Yes	No
3	Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			,	
	line 1a? If "Yes," complete Schedule J for s											3		_X
4	For any individual listed on line 1a, is the si									he organization				
	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or	•				-		elate	ed organization or individ	dual for services				
_	rendered to the organization? If "Yes." con	nplete Schedul	e <i>J f</i>	or si	ıch i	oers	on					5	L	<u> </u>
1	tion B. Independent Contractors Complete this table for your five highest co	mpensated inc	lene	nde	nt co	ontre	acto	re th	nat received more than 9	100 000 of com	nensa	tion fr	nm .	
•	the organization Report compensation for										pensa	LIOIT II	J	
	(A)								(B)	-	_ ا	(0	>)	
<u>λ Γ</u> 2	Name and business AN A. GRIFFIN	address							Description of s	services	-	Compe	nsatio	า
		OWINGS,	MD	2	07	36			CONTRACTED C.	AO		10	2,5	00.
	4							_						
		- :							*****					
		<u> </u>						_						
2	Total number of independent contractors (_	ot lir	nite	d to	_		sted	above) who received mi	ore than	, ,	1. 4		\$2.m.
	\$100,000 of compensation from the organ	zation					<u> </u>				<u> </u>		13. "	200

832008 12-31-18

Form **990** (2018)

1.4.5.00	Check if Schedule O contains a response or note to any line in this Part VIII										
			Greck II Schedule & Collic	ans a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
र्घ य	1	а	Federated campaigns	1a			*				
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues	1b							
°, ₫		С	Fundraising events	1c							
뚩글		d	Related organizations	1d							
S,		е	Government grants (contributi	ons) 1e	<u>,</u>						
r i		f	All other contributions, gifts, grant	ts, and							
ᅙ			similar amounts not included above	/e 1f							
텵		_	Noncash contributions included in lines 1	la-1f \$							
ठ ¤		<u>h</u>	Total. Add lines 1a-1f		<u></u>						
					Business Code						
ice.	2										
erv ne		b									
S w		C		-	-			-			
gra Be		d ^							-		
Program Service Revenue		e f	All other program service reve	nue	·	-					
_			Total. Add lines 2a-2f		•						
	3	3_	Investment income (including	dıvıdends, ınter							
	_		other similar amounts)	•	· •	411,176.			411,176.		
	4		Income from investment of tax	exempt bond	proceeds						
	5		Royalties								
			·	(i) Real	(ii) Personal						
	6	а	Gross rents								
		b	Less rental expenses								
		С	Rental income or (loss)	L							
		d	Net rental income or (loss)		<u> </u>	ere on more than once a North Advantage	200000000000000000000000000000000000000	(Carbon, Jobaliconados Joendenborgo)	300000000000000000000000000000000000000		
	7	а	Gross amount from sales of	(i) Securities	(ii) Other						
			assets other than inventory	7,003,416	•						
		b	Less cost or other basis								
			and sales expenses	5,755,037		antophologicus (- California antophi	ening (15 Anna grainneadh faoiltean	i igganijinisaninisanihilitet	The Commission of the Commissi		
			Gain or (loss)	1,247,579	·L	1 247 570			1,247,579.		
			Net gain or (loss)			1,247,579.	SECONOT, MARKINER SECONO	Se-4003340 00 10 20 43 7	1,247,373.		
e	8	а	Gross income from fundraising including \$	=	1			100			
venue			contributions reported on line				94.7				
Re				ic). See							
Other Rev		.	Part IV, line 18 Less direct expenses	·	3						
ᅙ			Net income or (loss) from fund	· ·	·						
	l		Gross income from gaming ac								
	ا ا	-	Part IV, line 19		,						
		ь	Less direct expenses	ı	,						
			Net income or (loss) from gam	ing activities	<u> </u>						
			Gross sales of inventory, less								
			and allowances		a						
		b	Less cost of goods sold	1	b						
		С	Net income or (loss) from sale	s of inventory	•				Oracle services annual control		
	_		Miscellaneous Revenu	<u>e</u>	Business Code						
	11	а						ļ			
		b				ļ					
		С									
		d	All other revenue		<u></u>	<u> </u>	200000000000000000000000000000000000000	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	\$ 1950 MARIE STATE OF THE ORDER AND		
		е	Total. Add lines 11a-11d		>	1 650 755		\$20000000000000000000000000000000000000	1 650 755		
	12		Total revenue. See instructions	-	<u> </u>	1,658,755.	0.	0.	1,658,755. Form 990 (2018)		
83200	9 12-	31-	-18						rorm 224 (2018)		

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Sect	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 respon			(0)	(D)						
	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	141,257.	<u>141,25</u> 7.								
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	2,198,185.	2,198,185.								
4	Benefits paid to or for members										
5	Compensation of current officers, directors,		•								
	trustees, and key employees	90,000.		90,000.							
6	Compensation not included above, to disqualified	, `	ŧ								
	persons (as defined under section 4958(f)(1)) and				-						
	persons described in section 4958(c)(3)(B)				ļ						
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)	0.54 0.60	054 060								
а	Management	871,260.	871,260.	0.740							
þ	Legal	9,740.	•	9,740.							
C	Accounting	50,128.		50,128.	<u> </u>						
d	, ,	· <u> </u>	%444463745988855553745 ¹ 4337867 89 866 7 04 43 66	**************************************	<u> </u>						
е	,	101 050		101 050							
f	Investment management fees	121,852.	 	121,852.							
g	, -	(2 5(7		(2 5 6 7							
	column (A) amount, list line 11g expenses on Sch O.)	62,567.		62,567.							
12	Advertising and promotion	191.		191.							
13	Office expenses	191•		191.							
14	Information technology	- <u>-</u> -									
15	Royalties	<u></u>									
16	Occupancy	156,430.		156,430.							
17	Travel	130,430.		130,430.	<u> </u>						
18	Payments of travel or entertainment expenses				·						
40	for any federal, state, or local public officials				· · · · · · · · · · · · · · · · · · ·						
19	Conferences, conventions, and meetings										
20 21	Payments to affiliates				 						
21 22	Depreciation, depletion, and amortization		 -								
23	Insurance	12,335.	•	12,335.							
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) amount, list line 24e expenses on Schedule 0.)										
а	BANK FEES	8,755.	*	8,755.							
b		- 0/.00.	·								
c		-									
d											
	- All other expenses			,							
25	Total functional expenses. Add lines 1 through 24e	3,722,700.	3,210,702.	511,998.	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 ff following SOP 98-2 (ASC 958-720)	_									

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note t	o any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		235,910.	1	3,780,815.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			` з	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and form	er officers, directors,		38.3	
		trustees, key employees, and highest compensate				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified	d persons (as defined under			
		section 4958(f)(1)), persons described in section 49				
		employers and sponsoring organizations of section				
y,		employees' beneficiary organizations (see instr) Co	omplete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		ı	7	
Ą	8	Inventories for sale or use	1		8	
	9	Prepaid expenses and deferred charges	•	2,811.	9	16,692.
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	30,595,989.	11	24,441,265.	
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15	,	
	16	Total assets. Add lines 1 through 15 (must equal	ine 34)	30,834,710.	16	28,238,772.
	17	Accounts payable and accrued expenses		375,310.	17	544,138.
	18	Grants payable	604,005.	18	726,216.	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities	<u> </u>	20	•	
	21	Escrow or custodial account liability Complete Pa			21	**************************************
es	22	Loans and other payables to current and former of				
ij		key employees, highest compensated employees,	and disqualified persons			
Liabilities		Complete Part II of Schedule L	1.0		22	
_	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated to	· ·		24	
	25	Other liabilities (including federal income tax, paya parties, and other liabilities not included on lines 1				
		Schedule D	1-24) Complete Fart A OI		25	
	26	Total liabilities. Add lines 17 through 25		979,315.	26	1,270,354.
	20	Organizations that follow SFAS 117 (ASC 958),	check here X and			
		complete lines 27 through 29, and lines 33 and	· —			
, es	27	Unrestricted net assets	,	29,855,395.	27	26,968,418.
<u>la</u>	28	Temporarily restricted net assets			28	
Ba	29	Permanently restricted net assets		,	29	•
Ę		Organizations that do not follow SFAS 117 (ASC	958), check here			
, Net Assets or Fund Balances		and complete lines 30 through 34.				
tso	30	Capital stock or trust principal, or current funds		332000010000000000000000000000000000000	30	
SSe	31.	Paid-in or capital surplus, or land, building, or equi	pment fund		31	
Ę	32	Retained earnings, endowment, accumulated inco			32	
Š	33	Total net assets or fund balances		29,855,395.	33	26,968,418.
	34	Total liabilities and net assets/fund balances		30,834,710.	34	28,238,772.
	1 34	Total natinities and het assets/fullu balances				Form 990 /

Form 990 (2018)

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

X

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Form 990 (2018)

Act and OMB Circular A-133?

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

Par	t I Organizations Maintaining Donor Advise		r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 advised	l 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	dvisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Pa	rt IV, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histor	ically important land area
	Protection of natural habitat	Preservation of a certifi	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied 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
_	Number of conservation easements on a certified historic stru	* *	2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	.
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the o	rganization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing consei	rvation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservation	on easements during the year
	> \$	1. ()	(A)(D)(D)
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(n)	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organization.	tion's financial statements that describes the	e organization's accounting for
Dai	conservation easements t III Organizations Maintaining Collections of	Art Historical Treasures or Oth	er Similar Assets
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		nt and halance cheet works of art
па	historical treasures, or other similar assets held for public ext		
			e of public service, provide, in Fait Alli,
	the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (AS		nd halance sheet works of art, historical
b			
	treasures, or other similar assets held for public exhibition, et	oucation, or research in furtherance of publi	c 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 tre		jain, provide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items	. ¢
	Revenue included on Form 990, Part VIII, line 1		\$
	Assets included in Form 990, Part X	- 4 Faurr 200	Sahadula D /Form 990) 2019
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2018

832051 10-29-18

Sche	dule D (Form 990) 2018 BALTIC-A	AMERICAN F	REEDON	4 FOUN	NDATION			27-27	71854	Page 2	
	t III Organizations Maintaining Co	ollections of Ar	t, Histor	ical Tre	asures, or C	ther S	imila	r Assets	(continu	ed)	
3	Using the organization's acquisition, accession	on, and other record	ls, check a	ny of the f	ollowing that ar	e a signi	ficant u	se of its c	ollection it	ems	
	(check all that apply)										
а	Public exhibition	ď	i 🔲 Lo	oan or excl	hange program:	5					
b	Scholarly research	6	e 🔲 01	ther							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explain	n how they	further th	e organization's	exempt	purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations	of art, histo	orical treas	sures, or other s	ımılar as	sets		_		
	to be sold to raise funds rather than to be ma								Yes	No_	
Par	tily Escrow and Custodial Arrang	•	ete if the o	rganızatıoı	n answered "Ye	s" on Fo	rm 990), Part IV, I	line 9, or		
	reported an amount on Form 990, Par										
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for co	ntributions	s or other assets	s not inc	luded	_	7		
	on Form 990, Part X?								_ Yes	∟ No	
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing tab	ole							
									Amount		
C	Beginning balance						1c				
d	Additions during the year						1d		-		
е	Distributions during the year						1e				
f	Ending balance	000 Dark V Ivaa	01 (كيطيانطميا			Yes	No	
	_						ſ	ــــا	_1 res		
	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										
	t t Endowment and Complete in	(a) Current year	(b) Prid		(c) Two years b		Three	years back	(e) Four y	ears back	
4.	Beginning of year balance	(a) Current year	10,176	or year	(c) (wo years t	ACK TO	111100	yours back	(6) 100. 7	ours such	
1a h	Contributions										
b	Net investment earnings, gains, and losses		1				_				
ч С	Grants or scholarships	····									
	Other expenditures for facilities								<u> </u>		
٠	and programs										
f	Administrative expenses	*									
a	End of year balance							•			
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1g,	column (a)) held as			-			
а	Board designated or quasi-endowment		_%								
ь	Permanent endowment	%									
c	Temporarily restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation that a	are held an	nd administered	for the o	organiza	ation			
	by								\	es No	
	(i) unrelated organizations								3a(i)	—	
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds							
Par	t 🕅 Land, Buildings, and Equipm										
	Complete if the organization answered				Ĭ			. 1			
	Description of property	(a) Cost or o		• •	or other	(c) Acc			(d) Book	value	
		basis (investi	ment)	Dasis	(other)	aepre	ciation				
	Land	<u> </u>				*	, 25				
	Buildings		+					_			
	Leasehold improvements		+								
	Equipment										
	Other	avel Form 000. Port	V solumn	(P) line 1	Oc.)					0.	

Schedule D (Form 990) 2018 BALTIC-AMER	ICAN FREEDOM	FOUNDATION	27	-2771854 Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990	, Part X, line 12	
(a) Description of Security or category (including name of security)	(b) Book value			l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)			 -	
(B) ·			¥	
(C)				
(D)	-			
(E) ·		 		-
(F)		 		
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				400 466 <u>0 1000 500 4000 500 40</u>
	5 - 000 D- + N/ 1	44 - 0 - 5 000	Deat V. Lead 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line	11c See Form 990,	Part X, line 13	I-of-year market value
	· · · · · · · · · · · · · · · · · · ·	(C) Welliod of	Valuation Cost of End	
(1)	•			
(2)	•		<u> </u>	
(3)				
(4)		<u> </u>		
(5)		 		
(6)				•
(7)		<u> </u>		
(8)				
(9)	<u>.</u> .	Access control State of a processor	**************************************	Z - w 40. odnovníhovátěhodníhováhů hládělů volkačensky ván
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990	, Part X, line 15	
(a)	Description			(b) Book value
(2)				
(3)				
(4)				
(5)				
(6)	-			
	<u></u>			
(8)			• •	
(9)				
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	9 15.)			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11e or 11f. See For	m 990. Part X. line 25	•
		(b) Book value		
<u>"</u>		,,		
			⊣ ∵	
(2)			⊣	

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 Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	BALTIC-AMERICAN	FREEDOM	FOUNDATION	<u>27-2771854</u>	Påge 5
Schedule D (Form 990) 2018 Part XIII Supplemental Infor	mation (continued)				
3. A 3402 W. 1	Continued		-		
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

Open to Public &

OMB No 1545-0047

X Yes No

Internal Revenue Service

Attach to Form 990. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection **Employer identification number** Name of the organization BALTIC-AMERICAN FREEDOM FOUNDATION Partil General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the

For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

United States. Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (f) Total (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and gram services, investments, grants to describe specific type in the region investments contractors of service(s) in the region recipients located in the region) in the region in the region PROVIDES PROFESSIONAL INTERNSHIPS, GRADUATE SCHOLARSHIPS, RESEARCH EUROPE (INCLUDING SCHOLARSHIPS, LEADERSHIP 4 GRANTS 1,959,858. ICELAND & GREENLAND) AWARDS TO BALTIC INDIVIDUALS OR FIRMS THAT HAVE DEVELOPED AN EUROPE (INCLUDING INNOVATION IN 24,828. 0 0 INNOVATION AWARDS ICELAND & GREENLAND) GRANTS TO BALTIC ORGANIZATIONS TO HOST U.S. SPEAKERS ON TOPICS EUROPE (INCLUDING OF INTEREST TO THEIR 115,675. ICELAND & GREENLAND) ٥ SPEAKER SERIES GRANTS TO ORGANIZATIONS EUROPE (INCLUDING TO SUPPORT SECURITY ICELAND & GREENLAND) SECURITY SUPPORT INITIATIVES. 101,780. 3 a Subtotal b Total from continuation sheets to Part I c Totals (add lines 3a

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2018

2,202,141.

Ţ.,

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 &	GRANTS - SPEAKER SERIES (19	27 A 211	<u>ن</u> م	c		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANTS - SECURITY INITIATIVES (5 RECIPIENTS)	61,317, WIRE	VIRE	o		
		EUROPE (INCLUDING ICELAND & GREENLAND)	GRANTS - INNOVATION AWARDS (3 RECIPIENTS)	24,828. WIRE	WIRE	.0		
							-	
2 Enter total number of r	ecipient organization	Enter total number of recipient organizations listed above that are in the IBS. Or for which the grantee or conneel has movided a second	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IDS or for which the greates or coincel has provided a section 501/6/8 compalancy letter.	foreign country, i	ecognized as tax-exe	ampt		

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

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2018

19

27-2771854

Page 3

BALTIC-AMERICAN FREEDOM FOUNDATION

Schedule F (Form 990) 2018 BALTIC-AMERICAN FREEDOM FOUNDATION 27–2771854

Fartill 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

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2018
(g) Description of noncash assistance						Schedu
(f) Amount of noncash assistance	0.	0.				
(e) Manner of cash disbursement	1959858, CASH GRANTS	CASH GRANTS				
(d) Amount of cash grant	1959858.	40,463.0				
(c) Number of recipients	83	8				
(b) Region	EUROPE (INCLUDING ICELAND & GREENLAND) -	EUROPE (INCLUDING ICELAND & GREENLAND) -				
(a) Type of grant or assistance	GRANTS - PROFESSIONAL INTERNSHIPS, RESEARCH SCHOLARSHIPS, LEADERSHIP ACADEMY FOR HIGH SCHOOLER	IVES				

SEE PART V FOR COLUMN (A) DESCRIPTIONS

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20

Schedule F (Form 990) 2018

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

Part V 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 2:

THE FOUNDATION UNDERTAKES A RIGOROUS REVIEW AND APPROVAL PROCESS FOR ALL GRANTS MADE. ORGANIZATIONS SEEKING FUNDING FROM THE FOUNDATION ARE REQUIRED TO COMPLETE A GRANT APPLICATION THAT IS REVIEWED TO DETERMINE IF IT ADDRESSES THE CHARITABLE MISSIONS SUPPORTED BY THE FOUNDATION AND MEETS THE FOUNDATION'S STRICT CRITERIA AND HIGH STANDARDS. ONCE A GRANT IS APPROVED, A STANDARD GRANT AGREEMENT BETWEEN THE FOUNDATION AND THE GRANTEE IS SIGNED. THE STANDARD AGREEMENT MAKES CLEAR THE RESPONSIBILITIES OF ALL PARTIES, OBLIGATES THE GRANTEE TO USE THE GRANT FUNDS ONLY FOR THE PURPOSES FOR WHICH THE GRANT IS MADE, PROVIDES FOR WRITTEN REPORTS WHERE APPLICABLE AS WELL AS AN ACCOUNTING OF HOW GRANT FUNDS ARE USED, AND ACKNOWLEDGES THE FOUNDATION'S AUTHORITY TO WITHHOLD OR RECOVER GRANT FUNDS IN CASES WHERE SUCH FUNDS ARE NOT USED ACCORDINGLY. TO ENSURE THAT THE GRANTEE IS USING FUNDS IN FURTHERANCE OF THE FOUNDATION'S EXEMPT MISSION, THE FOUNDATION WILL MAKE SITE VISITS, PARTICIPATE IN GRANTEE EVENTS, REVIEW RELEVANT REPORTING, AND MEET WITH GRANTEES IN PERSON.

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.

832075 10-31-18

Schedule F (Form 990) 2018

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

BALTIC-AMERICAN FREEDOM FOUNDATION

製造工具線 General Information on Grants and Assistance

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

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OMB No	2018

Open to Public Inspection

Employer identification number 27-2771854

Does the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes No Describe in Part Whe organization's procedures for monitoring the use of grant funds in the United States.	organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	-	(c) IRC section (d) Amount of (e) Amount of (if applicable) cash grant non-cash assistance assistance other)	042 S01(C)3 125,000. 0. NEXT GENERATION LEADERS	501(c) 3			Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
of the grants or assistance, the gra	nd Domestic Governments. Com	cated if additional space is needed	(d) Amount of cash grant			φ ¹		ns listed in the line 1 table
s to substantiate the amount isstance?	o Domestic Organizations a	1 \$5,000 Part II can be duplic	(b) EIN (c) IR (f) IR	86-6051042 501(C)	36-3625439 501(C)	501(C)		and government organization
1 Does the organization maintain records to substantiate the amount criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the		recipient that received more than	1 (a) Name and address of organization or government	ARIZONA STATE UNIVERSITY FOUNDATION - 1800 I STREET NW, SIXTH FLOOR - WASHINGTON, DC 20006	INNIAL BOSTON 2 THE MERICAN COMMUN.	JBANC 400 HURLEY AVE. ROCKVILLE, MD 20850		2 Enter total number of section 501(c)(3) and government organization 501 (c)(3) and government organizations (c) Enter total number of other organizations listed in the line 1 table

BALTIC-AMERICAN FREEDOM FOUNDATION

Page 2

27-2771854

Schedule I (Form 990) (2018) BALTIC-AMERICAN FREEDOM FOUNDATION

[Partill 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

(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	uired in Part I, line	2, Part III, column	(b), and any other ad	ditional information	
PART I, LINE 2:					
THE FOUNDATION UNDERTAKES A RIGOROUS	US REVIEW	AND APPROVAL	VAL PROCESS	S FOR ALL	
GRANTS MADE. ORGANIZATIONS SEEKING	FUNDING	FROM THE F	OUNDATION A	FUNDING FROM THE FOUNDATION ARE REQUIRED	
TO COMPLETE A A GRANT APPLICATION THAT IS		EVIEWED TO	REVIEWED TO DETERMINE	IF IT	
ADDRESSES THE CHARITABLE MISSIONS S	SUPPORTED	BY THE FO	BY THE FOUNDATION AND MEETS	ND MEETS THE	
FOUNDATION'S STRICT CRITERIA AND HI	HIGH STANDARDS.	ARDS. ONCE	A GRANT IS	S APPROVED,	
A STANDARD GRANT AGREEMENT BETWEEN	THE	FOUNDATION AND	THE GRANTEE	RE IS	
SIGNED. THE STANDARD AGREEMENT MAKES		THE RESPON	CLEAR THE RESPONSIBILITIES	OF ALL	
PARTIES, OBLIGATES THE GRANTEE TO U	USE THE G	GRANT FUNDS	ONLY FOR	THE PURPOSES	
					Schedule I (Form 990) (2018)

25

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.

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

OMB No 1545-0047 18 Open to Public Inspection

Name of the organization

BALTIC-AMERICAN FREEDOM FOINDATION

Employer identification number 27-2771854

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