

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2000

Department of the Treasury  
Internal Revenue Service

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

Open to Public Inspection

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

**A** For the 2000 calendar year, OR tax year period beginning **MAY 1, 2000** and ending **APR 30, 2001**

<b>B</b> Check if applicable: <input type="checkbox"/> Change of address <input type="checkbox"/> Change of name <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return (use also for state reporting)	Please use IRS label or print of type. See Specific Instructions	<b>C</b> Name of organization <b>LATVIAN FOUNDATION, INC.</b>	<b>D</b> Employer identification number <b>23-7089477</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>16776 WHITE HAVEN DRIVE</b>	<b>E</b> Telephone number <b>(440) 845-0463</b>
		City or town state or country, and ZIP <b>NORTHVILLE, MI 48167</b>	<b>F</b> Check <input type="checkbox"/> if application pending

**G** Organization type (check only one)  501(c) ( 3 ) (insert no)  527  
OR  4947(a)(1)

(H and I are not applicable to section 527 orgs)

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes" enter number of affiliates

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit group exemption no (GEN)

**L** Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

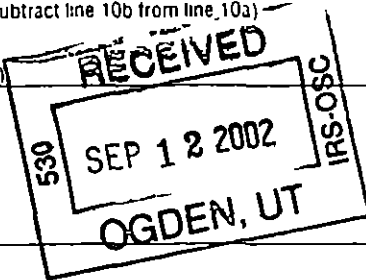
**\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

**J** Accounting method  Cash  Accrual  Other (specify)

**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received					
	<b>a</b> Direct public support	<b>1a</b>		<b>87,511.</b>		
	<b>b</b> Indirect public support	<b>1b</b>				
	<b>c</b> Government contributions (grants)	<b>1c</b>				
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>87,511.</b> noncash \$ _____)				<b>1d</b>	<b>87,511.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)				<b>2</b>	
	<b>3</b> Membership dues and assessments				<b>3</b>	<b>303.</b>
	<b>4</b> Interest on savings and temporary cash investments				<b>4</b>	<b>4,303.</b>
	<b>5</b> Dividends and interest from securities				<b>5</b>	<b>42,344.</b>
	<b>6 a</b> Gross rents	<b>6a</b>				
	<b>b</b> Less rental expenses	<b>6b</b>				
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)				<b>6c</b>	
<b>7</b> Other investment income (describe <input type="checkbox"/> )				<b>7</b>		
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other			
	<b>26,926.</b>	<b>8a</b>				
	<b>27,052.</b>	<b>8b</b>				
	<b>&lt;126.&gt;</b>	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B)) <b>STMT 1</b>				<b>8d</b>	<b>&lt;126.&gt;</b>	
<b>9</b> Special events and activities (attach schedule)						
<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>					
<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>					
<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)				<b>9c</b>		
<b>10 a</b> Gross sales of inventory, less returns and allowances						
	<b>10a</b>					
	<b>10b</b>					
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				<b>10c</b>		
<b>11</b> Other revenue (from Part VII line 103)				<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				<b>12</b>	<b>134,335.</b>	
Expenses	<b>13</b> Program services (from line 44 column (B))			<b>13</b>	<b>88,662.</b>	
	<b>14</b> Management and general (from line 44 column (C))			<b>14</b>	<b>4,968.</b>	
	<b>15</b> Fundraising (from line 44 column (D))			<b>15</b>	<b>1,871.</b>	
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>		
	<b>17</b> Total expenses (add lines 16 and 44 column (A))				<b>17</b>	<b>95,501.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)				<b>18</b>	<b>38,834.</b>	
Net Assets	<b>19</b> Net assets or fund balances at beginning of year (from line 73 column (A))			<b>19</b>	<b>452,041.</b>	
	<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 2</b>			<b>20</b>	<b>29,473.</b>	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>520,348.</b>	



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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations (cash \$ 82,468), 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences conventions and meetings, 41 Interest, 42 Depreciation depletion etc, 43 Other expenses (itemize) including BANK FEES, TAXES, MISC, COMPUTER, and 44 Total functional expenses (add lines 22 through 43).

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? [ ] Yes [X] No
If 'Yes' enter (i) the aggregate amount of these joint costs \$ (ii) the amount allocated to Program services \$ (iii) the amount allocated to Management and general \$ and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments

Table with 2 main columns: Description of program service and Program Service Expenses. Row 1: PRESERVATION OF LATVIAN CULTURE, Expenses: 88,662. Row 2: LATVIAN EDUCATIONAL AND CULTURAL ACTIVITIES, Expenses: 82,468. Row 3: Other program services, Expenses: 1,124. Row 4: Total of Program Service Expenses (should equal line 44 column (B) Program services), Expenses: 88,662.

**Part IV Balance Sheets**

**Note** Where required attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	45 Cash - non-interest-bearing		45		
	46 Savings and temporary cash investments	8,501.	46	12,058.	
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers directors, trustees, and key employees		50		
	51 a Other notes and loans receivable	51a			
	b Less allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		53		
	54 Investments - securities <span style="float: right;">▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV</span>		54		
	55 a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation	55b	55c			
56 Investments - other	SEE STATEMENT 4	863,180.	56	829,911.	
57 a Land buildings, and equipment basis	57a				
b Less accumulated depreciation	57b		57c		
58 Other assets (describe ▶ )			58		
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		871,681.	59	841,969.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	1,000.	60		
	61 Grants payable	60,400.	61	45,002.	
	62 Deferred revenue		62		
	63 Loans from officers directors trustees and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe ▶ <u>LOANS FROM MEMBERS</u> )		358,240.	65	276,619.
66 <b>Total liabilities</b> (add lines 60 through 65)		419,640.	66	321,621.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	412,063.	67	482,370.	
	68 Temporarily restricted	39,978.	68	37,978.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117 check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock trust principal or current funds		70		
	71 Paid-in or capital surplus or land building and equipment fund		71		
	72 Retained earnings, endowment accumulated income or other funds		72		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)		452,041.	73	520,348
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		871,681.	74	841,969

Form 990 is available for public inspection and for some people serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore please make sure the return is complete and accurate and fully describes in Part III the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return		Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a Total revenue gains, and other support per audited financial statements	159,505.	a Total expenses and losses per audited financial statements	91,198.
b Amounts included on line a but not on line 12 Form 990		b Amounts included on line a but not on line 17, Form 990	
(1) Net unrealized gains on investments \$ 29,473.		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20 Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify)		(4) Other (specify)	
		STMT 5 \$ <4,303.>	
Add amounts on lines (1) through (4)	29,473.	Add amounts on lines (1) through (4)	<4,303.>
c Line a minus line b	130,032.	c Line a minus line b	95,501.
d Amounts included on line 12 Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)		(2) Other (specify)	
STMT 6 \$ 4,303.			
Add amounts on lines (1) and (2)	4,303.	Add amounts on lines (1) and (2)	
e Total revenue per line 12, Form 990 (line c plus line d)	134,335.	e Total expenses per line 17, Form 990 (line c plus line d)	95,501.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JANIS KUKAINIS 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	TRUSTEE 4 TO 25	0.	0.	0.
UGIS SPRUDZS 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	PRESIDENT 4 TO 25	0.	0.	0.
JURIS RUNGIS 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	TRUSTEE 4 TO 25	0.	0.	0.
SANDRA ROBEZNIIEKS-INKA 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	TREASURER 4 TO 25	0.	0.	0.
SANDRA MILEVSKA 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	VICE PRESIDENT 4 TO 25	0.	0.	0.
PETERIS MUIZNIECKS 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	TRUSTEE 4 TO 25	0.	0.	0.
AIJA ABENE 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	SECRETARY 4 TO 25	0.	0.	0.
AIVARS CELMINS 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	TRUSTEE 4 TO 25	0.	0.	0.
ELISA FREIMANE 16776 WHITE HAVEN DRIVE NORTHVILLE, MI 48167	AUDITOR 4 TO 25	0.	0.	0.

Part VI Other Information

Table with columns: Question, N/A, Yes, No. Rows include questions 76-91 regarding organizational activities, financials, and governance.

91 The books are in care of SANDRA ROBEZNIKES Telephone no 847-671-5991
Located at 3519 N. LONNQUIST DRIVE, FRANKLIN PARK, IL ZIP code 60131

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 Check here
Ind enter the amount of tax exempt interest received or accrued during the tax year 92 N/A

**Part VII Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					303.
95 Interest on savings and temporary cash investments			14	4,303.	
96 Dividends and interest from securities			14	42,344.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<126.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		46,521.	303.
105 Total (add line 104 columns (B), (D), and (E))					46,824.

Note Line 105 plus line 1d Part I, should equal the amount on line 12 Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
94	INCOME FROM EXEMPT FUNCTION MEMBERSHIP DUES

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization during the year receive any funds directly or indirectly to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization during the year pay premiums directly or indirectly on a personal benefit contract?  Yes  No

Note If Yes to (b), file Form 8870 and Form 4720 (see instructions)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct. I am not aware of any information of which preparer has any knowledge. (Important: See General instruction W.)

4/25/02 Date Sandra Kobzenka Type or print name and title



**Part III Statements About Activities**

	Yes	No
1 During the year has the organization attempted to influence national, state or local legislation including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly engaged in any of the following acts with any of its trustees directors officers creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions	2e	X
3 Does the organization make grants for scholarships fellowships, student loans, etc ?	3	X
4 a Do you have a section 403(b) annuity plan for your employees? b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See page 2 of the instructions ) <b>SEE STATEMENT 7</b>	4a	X

**Part IV Reason for Non-Private Foundation Status** (See pages 2 through 5 of the instructions )

The organization is not a private foundation because it is (Please check only ONE applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V, page 5 )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions membership fees, and gross receipts from activities related to its charitable, etc functions - subject to certain exceptions and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting  
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
<b>15</b> Gifts grants and contributions received (Do not include unusual grants. See line 28)	5,170.	38,602.	5,374.	12,947.	62,093.
<b>16</b> Membership fees received	283.	383.	233.	78.	977.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable etc purpose					
<b>18</b> Gross income from interest, dividends amounts received from payments on securities loans (section 512(a)(5)) rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30 1975	43,225.	40,194.	32,212.	41,480.	157,111.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets			SEE STATEMENT 8		
			763.		763.
<b>23</b> Total of lines 15 through 22	48,678.	79,179.	38,582.	54,505.	220,944.
<b>24</b> Line 23 minus line 17	48,678.	79,179.	38,582.	54,505.	220,944.
<b>25</b> Enter 1% of line 23	487.	792.	386.	545.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 4,419.
	b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a Enter the sum of all these excess amounts				<b>26b</b> 0.
	c Total support for section 509(a)(1) test Enter line 24, column (e)				<b>26c</b> 220,944.
	d Add Amounts from column (e) for lines 18 157,111. 19 22 763. 26b				<b>26d</b> 157,874.
	e Public support (line 26c minus line 26d total)				<b>26e</b> 63,070.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				<b>26f</b> 28.5457%
<b>27</b> Organizations described on line 12	a For amounts included in lines 15 16, and 17 that were received from a disqualified person attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from each "disqualified person" Enter the sum of such amounts for each year (1999) N/A (1998) (1997) (1996)				
	b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5 000 (Include in the list organizations described in lines 5 through 11 as well as individuals) After computing the difference between the amount received and the larger amount described in (1) or (2) enter the sum of these differences (the excess amounts) for each year (1999) N/A (1998) (1997) (1996)				
	c Add Amounts from column (e) for lines 15 16 17 20 21				<b>27c</b> N/A
	d Add Line 27a total and line 27b total				<b>27d</b> N/A
	e Public support (line 27c total minus line 27d total)				<b>27e</b> N/A
	f Total support for section 509(a)(2) test Enter amount on line 23 column (e) 27f N/A				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				<b>27g</b> N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				<b>27h</b> N/A %

**28 Unusual Grants** For an organization described in line 10 11 or 12 that received any unusual grants during 1996 through 1999 attach a list (which is not open to public inspection) for each year showing the name of the contributor the date and amount of the grant and a brief description of the nature of the grant Do not include these grants in line 15 (See page 5 of the instructions)

NONE

**Part V Private School Questionnaire**  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter bylaws other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures catalogues, and other written communications with the public dealing with student admissions programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? (If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
<hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? (If you answered "No" to any of the above, please explain (If you need more space attach a separate statement )		
<hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? (If you answered "Yes" to any of the above please explain (If you need more space, attach a separate statement )		
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? (If you answered "Yes" to either 34a or b please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50 1975-2 C B 587 covering racial nondiscrimination? If "No" attach an explanation		

**Part VI-A Lobbying Expenditures by Electing Public Charities**

(To be completed ONLY by an eligible organization that filed Form 5768)

N/A

- Check here  If the organization belongs to an affiliated group
- Check here  If you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is -                      The lobbying nontaxable amount is -		
Not over \$500,000                                      20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000                      \$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000                      \$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000                      \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000                                      \$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A)

N/A

During the year did the organization attempt to influence national state or local legislation including any attempt to influence public opinion on a legislative matter or referendum through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members legislators or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators their staffs government officials or a legislative body
- h Rallies demonstrations seminars conventions speeches lectures or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount
		0.

If Yes to any of the above also attach a statement giving a detailed description of the lobbying activities



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**FORM 990**                      **GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES**                      **STATEMENT**      **1**


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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
FORD MOTOR CREDIT (6.25%)	24,926.	24,963.	0.	<37.>
VANGAURD FIXED INCOME	2,000.	2,089.	0.	<89.>
<b>TO FORM 990, PART I, LINE 8</b>	<b>26,926.</b>	<b>27,052.</b>	<b>0.</b>	<b>&lt;126.&gt;</b>

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**FORM 990**                      **OTHER CHANGES IN NET ASSETS OR FUND BALANCES**                      **STATEMENT**      **2**


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DESCRIPTION	AMOUNT
UNREALIZED GAINS (LOSS) FROM INVESTMENTS	29,473.
<b>TOTAL TO FORM 990, PART I, LINE 20</b>	<b>29,473.</b>

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**FORM 990**                      **CASH GRANTS AND ALLOCATIONS**                      **STATEMENT**      **3**


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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
			NONE	82,468.
<b>TOTAL INCLUDED ON FORM 990, PART II, LINE 22</b>				<b>82,468.</b>

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**FORM 990**                      **OTHER INVESTMENTS**                      **STATEMENT**      **4**


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DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITY INVESTMENTS	COST	829,911.
<b>TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B</b>		<b>829,911.</b>

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 5

DESCRIPTION	AMOUNT
GAIN ON FOREIGN CURRENCY CONVERSION	<4,303.>
TOTAL TO FORM 990, PART IV-B	<4,303.>

FORM 990 OTHER REVENUE INCLUDED ON FORM 990 STATEMENT 6

DESCRIPTION	AMOUNT
GAIN ON FOREIGN CURRENCY CONVERSION	4,303.
TOTAL TO FORM 990, PART IV-A	4,303.

SCHEDULE A EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS STATEMENT 7  
PART III, LINE 4

INDIVIDUALS RECEIVING GRANTS QUALIFY THROUGH AN APPLICATION PROCESS, IN WHICH THE BOARD OF DIRECTORS REVIEWS THE INTENDED USE OF THE GRANT DOLLARS AND WILL APPROVE

SCHEDULE A OTHER INCOME STATEMENT 8

DESCRIPTION	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT	1996 AMOUNT
MISCELLANEOUS			763.	
TOTAL TO SCHEDULE A, LINE 22			763.	

**Grants Payable (215)**  
as of 4/30/01

04/25/2001

98-01	Stipendijas Latvijas Nakotnei (LF Padome)	300
98-08	Latviesu Virsnieku kapa izbuve Litene	3000
98-09sp	"Iz Linkolnas Latweeschu Kolonijas" (A Straumanis)	4200
99-08S	Daugavpils biblioteka (V Ciris)	600
99-01	Okupācijas muzeja gramata (V Nollendorfs)	10000
20-36S	Notikumu Un Personu Fotodokumentēšana un kolekciju (A Vidzdska)	6600
20-93S	Izstāde "Zīmējumi un grafikas no Latvijas" (S Klavīnijs-Kreyer)	7600
20-43S	Latvijas Kapšeta kultūra foto-dokumentārs (L Beldavs)	2000
20-44S	Araisu ezerpils sodienas latvietis sena latgala terpa (J Apals)	900
	<b>Sekla Brīva Nauda May 2000</b>	<b>2402 68</b>
20-42	Dzīvesstāsti Latvija un trimda - Dr M Hinkle	10000
20-56	LOM - Video - A Feldmanis	10000
20-58	Stalīna Laiks 1945- 1953 Film A Kolbergs \$5000 3/1/01	4000
20-46	Bibliotēku Fondu Latviskosana - M Sproge \$3500 4/27/01	3500
20-91	Latvijas enciklopēdija Interneta - G Skutans \$4500 2/16/01	4100
20-73	Es esmu latvietis - archives filma A Eppers	1200
20-85	Jaunatnes patriotiska audzīmīnasana A Dergocovs 9949 Trans	4000
20-38	Latvija pasaules politika - B Liejins	6000
20-41	Videofilma "Andrejs Eglītis" B Veldre	4500
20-61	Pa Brāļu Jūrāņu I Mailite	3759 32

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88662

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return

- ▶ If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - ▶ If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only   
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
	LATVIAN FOUNDATION, INC.	23-7089477
File by the due date for filing your return. See instructions	Number street and room or suite no. If a P O box, see instructions	
	16776 WHITE HAVEN DRIVE	
	City, town or post office state and ZIP code. For a foreign address, see instructions	
	NORTHVILLE, MI 48167	

### Check type of return to be filed (file a separate application for each return)

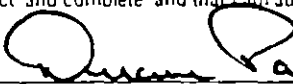
- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL         | <input type="checkbox"/> Form 990 T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990 EZ         | <input type="checkbox"/> Form 990 T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- ▶ If the organization does not have an office or place of business in the United States, check this box
- ▶ If this is for a **Group Return** enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box . If it is for part of the group check this box  and attach a list with the names and EINs of all members the extension will cover

- I request an automatic 3-month (6 month, for 990-T corporation) extension of time until DECEMBER 17, 2001 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
  - ▶  calendar year \_\_\_\_\_ or
  - ▶  tax year beginning MAY 1, 2000, and ending APR 30, 2001
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- a If this application is for Form 990 BL, 990 PF, 990-T, 4720 or 6069 enter the tentative tax less any nonrefundable credits. See instructions. \$ \_\_\_\_\_
- b If this application is for Form 990 PF or 990 T enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_
- c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form or if required deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System) See instructions. \$ N/A

### Signature and Verification

Under penalties of perjury I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief it is true, correct, and complete and that I am authorized to prepare this form.

Signature ▶  Title ▶ CFO Date ▶ 9/6/01  
 LHA For Paperwork Reduction Act Notice see instruction Form 8868 (12-2000)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II and check this box  **X**
- Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1)

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.	Name of Exempt Organization <b>LATVIAN FOUNDATION, INC.</b>	Employer identification number <b>23-7089477</b>
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P O box, see instructions <b>16776 WHITE HAVEN DRIVE</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NORTHVILLE, MI 48167</b>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990 EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041 A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990 BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box  If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until MARCH 15, 2002

5 For calendar year \_\_\_\_\_ or other tax year beginning MAY 1, 2000 and ending APR 30, 2001

6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension  
**MORE TIME IS NEEDED TO GATHER INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

**RECEIVED**  
**DEC 26 2001**  
**OGDEN, UT**

8a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_

8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or if required by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Signature] Title CPA Date 12-7-01

**Notice to Applicant - To Be Completed by the IRS**

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10 day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above

Name  
**PLANTE & MORAN, LLP**

Type or print  
Number and street (include suite, room, or apt. no.) Or a P O box number  
**67 W. MICHIGAN AVE., SUITE 500**

City or town, province or state, and country (including postal or ZIP code)  
**BATTLE CREEK, MI 49017**