

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2001

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2001 calendar year, or tax year beginning October 1, 2001, and ending September 30, 2002

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return
 - Amended return
 - Application pending

C Name of organization
Latin American Studies Association (LASA)

Number and street (or P O box if mail is not delivered to street address) Room/suite
946 William Pitt Union

City or town, state or country, and ZIP + 4
Pittsburgh, PA 15260

D Employer identification number
52 : 0882881

E Telephone number
(412) 648-7929

F Accounting method: Cash Accrual
 Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

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? Yes No
(If "No," attach a list. See instructions.)

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

G Web site ▶

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **679,115**

I Enter 4-digit GEN ▶

M Check ▶ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

SCANNED APR 29 2003 Revenue

| | | | | | |
|---|---|----------------|-----------|-----------|--|
| 1 Contributions, gifts, grants, and similar amounts received | | | | | |
| | a Direct public support | 1a | 97,908 | | |
| | b Indirect public support | 1b | | | |
| | c Government contributions (grants) | 1c | | | |
| | d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____) | 1d | 97,908 | | |
| | 2 Program service revenue including government fees and contracts (from Part VII, line 93) | 2 | 107,709 | | |
| | 3 Membership dues and assessments | 3 | 273,778 | | |
| | 4 Interest on savings and temporary cash investments | 4 | 19,022 | | |
| | 5 Dividends and interest from securities | 5 | 145,268 | | |
| | 6a Gross rents | 6a | | | |
| | b Less rental expenses | 6b | | | |
| | c Net rental income or (loss) (subtract line 6b from line 6a) | 6c | | | |
| | 7 Other investment income (describe ▶ _____) | 7 | | | |
| | 8a Gross amount from sales of assets other than inventory | (A) Securities | | (B) Other | |
| | b Less cost or other basis and sales expenses | 8a | | | |
| | c Gain or (loss) (attach schedule) | 8b | | | |
| | d Net gain or (loss) (combine line 8c, columns (A) and (B)) | 8c | | | |
| | 8d | 8d | | | |
| | 9 Special events and activities (attach schedule) | | | | |
| | a Gross revenue (not including \$ _____ of contributions reported on line 1a) | 9a | | | |
| | b Less direct expenses other than fundraising expenses | 9b | | | |
| | c Net income or (loss) from special events (subtract line 9b from line 9a) | 9c | | | |
| | 10a Gross sales of inventory, less returns and allowances | 10a | | | |
| | b Less cost of goods sold | 10b | | | |
| | c Gross profit or loss from sales of inventory (attach schedule) (subtract line 10b from line 10a) | 10c | | | |
| | 11 Other revenue (from Part VII, line 103) | 11 | 35,430 | | |
| | 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) | 12 | 679,115 | | |
| Expenses | 13 Program services (from line 4, column (B)) | 13 | 408,409 | | |
| | 14 Management and general (from line 44, column (C)) | 14 | 427,615 | | |
| | 15 Fundraising (from line 44, column (D)) | 15 | 15,869 | | |
| | 16 Payments to affiliates (attach schedule) | 16 | | | |
| | 17 Total expenses (add lines 16 and 44, column (A)) | 17 | 851,893 | | |
| Net Assets | 18 Excess or (deficit) for the year (subtract line 17 from line 12) | 18 | (172,778) | | |
| | 19 Net assets or fund balances at beginning of year (from line 73, column (A)) | 19 | 3,448,900 | | |
| | 20 Other changes in net assets or fund balances (attach explanation) | 20 | 2,071 | | |
| | 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) | 21 | 3,278,193 | | |

913-17

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. (See Specific Instructions on page 21.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I | | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|--|--|-----------|----------------------|----------------------------|-----------------|
| 22 | Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) | | | | |
| 23 | Specific assistance to individuals (attach schedule) | | | | |
| 24 | Benefits paid to or for members (attach schedule) | | | | |
| 25 | Compensation of officers, directors, etc | | | | |
| 26 | Other salaries and wages | 29,140 | 14,570 | | 14,570 |
| 27 | Pension plan contributions | | | | |
| 28 | Other employee benefits | | | | |
| 29 | Payroll taxes | 2,598 | 1,299 | | 1,299 |
| 30 | Professional fundraising fees | | | | |
| 31 | Accounting fees | 6,900 | | 6,900 | |
| 32 | Legal fees | | | | |
| 33 | Supplies | 14,113 | 14,113 | | |
| 34 | Telephone | 2,800 | 2,800 | | |
| 35 | Postage and shipping | 18,402 | 18,402 | | |
| 36 | Occupancy | | | | |
| 37 | Equipment rental and maintenance | | | | |
| 38 | Printing and publications | 164,404 | 164,404 | | |
| 39 | Travel | 2,175 | 1,450 | 725 | |
| 40 | Conferences, conventions, and meetings | | | | |
| 41 | Interest | | | | |
| 42 | Depreciation, depletion, etc (attach schedule) | 7,307 | 7,307 | | |
| 43 | Other expenses not covered above (itemize): a Congress | 720 | 720 | | |
| b | Seminars - Special Projects | 78,187 | 78,187 | | |
| c | Contract Labor | 150,916 | 95,916 | 55,000 | |
| d | Finance - Executive Committees | 34,827 | | 34,827 | |
| e | Miscellaneous | 339,404 | 9,241 | 330,163 | |
| 44 | Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15 | 851,893 | 408,409 | 427,615 | 15,869 |

Joint Costs. Check if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes 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 (See Specific Instructions on page 24)

| What is the organization's primary exempt purpose? | Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.) |
|---|--|
| a Latin American Research Review - LARR is the Association Journal which is published 3 times a year and sent to all members of the Association. Other publications are Newsletters and Directory and Bulletin of Latin American Research and Journal (Grants and allocations \$ _____) | 330,222 |
| b Seminars The Association conducted seminars during the year concerning the Region of Central America. (Grants and allocations \$ _____) | 78,187 |
| c (Grants and allocations \$ _____) | |
| d (Grants and allocations \$ _____) | |
| e Other program services (attach schedule) (Grants and allocations \$ _____) | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 408,409 |

Part IV Balance Sheets (See Specific Instructions on page 24)

| | | | | (A) | | (B) |
|---|---|---|-----------|-------------------|-----------|-------------|
| Note. Where required, attached schedules and amounts within the description column should be for end-of-year amounts only | | | | Beginning of year | | End of year |
| Assets | 45 | Cash—non-interest-bearing | | 69,071 | 45 | 34,930 |
| | 46 | Savings and temporary cash investments | | 112,998 | 46 | 100,411 |
| | 47a | Accounts receivable | 47a | 55,514 | 47c | 18,751 |
| | b | Less allowance for doubtful accounts | 47b | | | |
| | | | | | | |
| | 48a | Pledges receivable | 48a | | 48c | |
| | b | Less allowance for doubtful accounts | 48b | | | |
| | 49 | Grants receivable | | | 49 | |
| | 50 | Receivables from officers, directors, trustees, and key employees (attach schedule) | | | 50 | |
| | 51a | Other notes and loans receivable (attach schedule) | 51a | | | |
| | b | Less allowance for doubtful accounts | 51b | | 51c | |
| | 52 | Inventories for sale or use | | | 52 | |
| | 53 | Prepaid expenses and deferred charges | | | 53 | 48,342 |
| | 54 | Investments—securities (attach schedule) | | 3,456,556 | 54 | 3,239,547 |
| | | | | | | |
| 55a | Investments—land, buildings, and equipment basis | 55a | | | | |
| b | Less accumulated depreciation (attach schedule) | 55b | | 55c | | |
| 56 | Investments—other (attach schedule) | | | 56 | | |
| 57a | Land, buildings, and equipment basis | 57a | 76,781 | | | |
| b | Less accumulated depreciation (attach schedule) | 57b | 54,638 | 16,306 | 57c | 22,143 |
| 58 | Other assets (describe ► _____) | | | 58 | | |
| 59 | Total assets (add lines 45 through 58) (must equal line 74) | | 3,710,445 | 59 | 3,464,124 | |
| Liabilities | 60 | Accounts payable and accrued expenses | | 36,361 | 60 | 14,299 |
| | 61 | Grants payable | | | 61 | |
| | 62 | Deferred revenue | | 225,184 | 62 | 171,632 |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | | 63 | |
| | 64a | Tax-exempt bond liabilities (attach schedule) | | | 64a | |
| | b | Mortgages and other notes payable (attach schedule) | | | 64b | |
| | 65 | Other liabilities (describe ► _____) | | | 65 | |
| 66 | Total liabilities (add lines 60 through 65) | | 261,545 | 66 | 185,931 | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74 | | | | | |
| | 67 | Unrestricted | | 543,665 | 67 | 546,868 |
| | 68 | Temporarily restricted | | 70,387 | 68 | 75,867 |
| | 69 | Permanently restricted | | 2,834,848 | 69 | 2,655,458 |
| | 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 | Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21) | | 3,448,900 | 73 | 3,278,193 |
| | 74 | Total liabilities and net assets / fund balances (add lines 66 and 73) | | 3,710,445 | 74 | 3,464,124 |

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 (See Specific Instructions, page 26)

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 ▶ | a | 667,113 |
| b | Amounts included on line a but not on line 12, Form 990 | | |
| (1) | Net unrealized gains on investments \$ _____ | | |
| (2) | Donated services and use of facilities \$ _____ | | |
| (3) | Recoveries of prior year grants \$ _____ | | |
| (4) | Other (specify) Interfund Transfers \$ 116,189 | | |
| | Add amounts on lines (1) through (4) ▶ | b | 116,189 |
| c | Line a minus line b ▶ | c | 550,924 |
| d | Amounts included on line 12, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| (2) | Other (specify) Off-setting Expenses \$ 128,191 | | |
| | Add amounts on lines (1) and (2) ▶ | d | 128,191 |
| e | Total revenue per line 12, Form 990 (line c plus line d) ▶ | e | 679,115 |

| | | | |
|----------|--|----------|---------|
| a | Total expenses and losses per audited financial statements ▶ | a | 839,891 |
| b | Amounts included on line a but not on line 17, Form 990 | | |
| (1) | Donated services and use of facilities \$ _____ | | |
| (2) | Prior year adjustments reported on line 20, Form 990 \$ _____ | | |
| (3) | Losses reported on line 20, Form 990 \$ _____ | | |
| (4) | Other (specify) Interfund Transfers \$ 116,189 | | |
| | Add amounts on lines (1) through (4) ▶ | b | 116,189 |
| c | Line a minus line b ▶ | c | 723,702 |
| d | Amounts included on line 17, Form 990 but not on line a: | | |
| (1) | Investment expenses not included on line 6b, Form 990 \$ _____ | | |
| (2) | Other (specify) Off-setting Expenses \$ 128,191 | | |
| | Add amounts on lines (1) and (2) ▶ | d | 128,191 |
| e | Total expenses per line 17, Form 990 (line c plus line d) ▶ | e | 851,893 |

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26)

| (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 |
|--|--|---|---|--|
| Reid Reading 946 William Pitt Union | Exec. Director 20 hours week | None | -0- | -0- |
| Directors See Attachment | 2 hours | None | -0- | -0- |
| | | | | |
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| | | | | |

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
If "Yes," attach schedule—see Specific Instructions on page 27

Part VI Other Information (See Specific Instructions on page 27)

| | | Yes | No |
|-----|--|-----|----|
| 76 | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | | X |
| 77 | Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes | | X |
| 78a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | X | |
| 78b | If "Yes," has it filed a tax return on Form 990-T for this year? | X | |
| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | | X |
| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | | |
| b | If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt | | |
| 81a | Enter direct or indirect political expenditures See line 81 instructions 81a None | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 82a | Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? | X | |
| b | If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b | | |
| 83a | Did the organization comply with the public inspection requirements for returns and exemption applications? | X | |
| b | Did the organization comply with the disclosure requirements relating to quid pro quo contributions? | X | |
| 84a | Did the organization solicit any contributions or gifts that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 85 | 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? | | |
| b | Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year | | |
| c | Dues, assessments, and similar amounts from members 85c | | |
| d | Section 162(e) lobbying and political expenditures 85d | | |
| e | Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e | | |
| f | Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f | | |
| g | Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? | | |
| h | If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? | | |
| 86 | 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12 86a | | |
| b | Gross receipts, included on line 12, for public use of club facilities 86b | | |
| 87 | 501(c)(12) orgs Enter a Gross income from members or shareholders 87a | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b | | |
| 88 | At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX | | X |
| 89a | 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 _____, section 4912 _____, section 4955 _____ | | |
| b | 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction | | X |
| c | Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____ | | |
| d | Enter Amount of tax on line 89c, above, reimbursed by the organization _____ | | |
| 90a | List the states with which a copy of this return is filed _____ Pennsylvania | | |
| b | Number of employees employed in the pay period that includes March 12, 2001 (See instructions) 90b 1 | | |
| 91 | The books are in care of _____ Telephone no _____ (412) 648-7929 Located at _____ 946 William Pitt Union, Pittsburgh, PA ZIP + 4 _____ 15260 | | |
| 92 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year _____ 92 | | |

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note: 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 Publications | | | | | 105,970 |
| b National Meeting | | | | | 1,739 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 94 Membership dues and assessments | | | | | 273,778 |
| 95 Interest on savings and temporary cash investments | | | 514 | 19,022 | |
| 96 Dividends and interest from securities | | | 514 | 145,268 | |
| 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 | | | | | |
| 101 Net income or (loss) from special events | | | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue | | | | | 2,926 |
| a Reimbursements | | | | | |
| b Advertising | 9 400 | 16,985 | | | |
| c Sales of mailing labels | 9 400 | 15,519 | | | |
| d | | | | | |
| e | | | | | |
| 104 Subtotal (add columns (B), (D), and (E)) | | 32,504 | | 164,290 | 384,413 |
| 105 Total (add line 104, columns (B), (D), and (E)) | | | | | 581,207 |

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 (See Specific Instructions on page 32)

| 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) |
|----------|--|
| 93a | Amounts billed to subscribers that cover a portion of the cost of publications. |
| 93b | Fees and travel grants that defray a portion of the cost of travel. |
| 94 | Members are scholars, educators, and other persons interested in the Latin American area who receive information and advice on current developments. |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

| (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 |
|--|---|-----------------------------|---------------------|---------------------------|
| | % | | | |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (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)

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

Please

✓ 4/17/03

Date

EXECUTIVE DIRECTOR

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No 1545-0047

2001

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

| | |
|--|---|
| Name of the organization Latin American Studies Association (LASA) | Employer identification number 52 0882881 |
|--|---|

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions List each one If there are none, enter "None ")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 ▶ | NONE | | | |

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | NONE | |

Part III Statements About Activities (See page 2 of the instructions)

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 ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B)

| | |
|---|---|
| 1 | X |
|---|---|

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

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

| | |
|--|--|
| | |
|--|--|

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?

| | |
|----|---|
| 2e | X |
|----|---|

3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

| | |
|---|---|
| 3 | X |
|---|---|

4 Do you have a section 403(b) annuity plan for your employees?

| | |
|---|---|
| 4 | X |
|---|---|

Note 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

| | |
|--|--|
| | |
|--|--|

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)

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 6 of the instructions)

Part V Private School Questionnaire (See page 7 of the instructions)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | 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) | | |
| 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) | | |
| 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) | | |
| 34a 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 (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | 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 |
| | 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 |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 44 | |

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 11 of the instructions)

| Calendar year (or fiscal year beginning in) ▶ | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|--|-------------|-------------|-------------|--------------|
| | (a) 2001 | (b) 2000 | (c) 1999 | (d) 1998 | (e) Total |
| 45 | Lobbying nontaxable amount | | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | | | | |
| 47 | Total lobbying expenditures | | | | |
| 48 | Grassroots nontaxable amount | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | |
| 50 | Grassroots lobbying expenditures | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

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 |
|-----|----|--------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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

LATIN AMERICAN STUDIES ASSOCIATION (LASA)
52-0882881
YEAR ENDED SEPTEMBER 30, 2002

Form 990, Part IV, Line 54

Investments

| | |
|------------------------------|--------------------|
| PNC Brokerage - Mutual Funds | \$ 141,378 |
| Vanguard - Mutual Funds | 1,658,010 |
| Domini - Mutual Funds | 369,840 |
| PNC Brokerage - Mutual Funds | 675,959 |
| Community Bank - Certificate | 99,000 |
| Great American - Certificate | 100,189 |
| Parkvale Bank - Certificate | 91,000 |
| Republic Bank - Certificate | <u>104,171</u> |
| | <u>\$3,239,547</u> |

Form 990, Schedule A, Part III, Line 4

The Association Executive Director reviews the anticipated use of Association funds by Recipient organizations and determines if the proposed use is in accordance with stated association policies and objectives

Form 990, Schedule A, Part IV-A, Line 28

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (X)

▶ See separate instructions ▶ Attach this form to your return.

| | | |
|--|--|---|
| Name(s) shown on return <u>Latin American Studies Association</u> | Business or activity to which this form relates <u>Non-Profit Educational</u> | Identifying number <u>52-0882881</u> |
|--|--|---|

Part I Election To Expense Certain Tangible Property Under Section 179

Note: If you have any "listed property," complete Part V before you complete Part I

| | | |
|--|---|-----------|
| 1 Maximum dollar limitation If an enterprise zone business, see page 2 of the instructions | 1 | \$24,000 |
| 2 Total cost of section 179 property placed in service (see page 2 of the instructions) | 2 | |
| 3 Threshold cost of section 179 property before reduction in limitation | 3 | \$200,000 |
| 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- | 4 | |
| 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see page 2 of the instructions | 5 | |

| (a) Description of property | (b) Cost (business use only) | (c) Elected cost | |
|--|------------------------------|------------------|--|
| 6 | | | |
| 7 Listed property Enter amount from line 27 | 7 | | |
| 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 | 8 | | |
| 9 Tentative deduction Enter the smaller of line 5 or line 8 | 9 | | |
| 10 Carryover of disallowed deduction from 2000 (see page 3 of the instructions) | 10 | | |
| 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | | |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | | |
| 13 Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12 ▶ | 13 | | |

Note: Do not use Part II or Part III below for listed property (automobiles, certain other vehicles, cellular telephones, certain computers, or property used for entertainment, recreation, or amusement) Instead, use Part V for listed property

Part II MACRS Depreciation for Assets Placed in Service Only During Your 2001 Tax Year (Do not include listed property)

Section A—General Asset Account Election

14 If you are making the election under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check this box See page 3 of the instructions

Section B—General Depreciation System (GDS) (See page 3 of the instructions)

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 15a 3-year property | | | | | | |
| b 5-year property | | 13,144 | 5 yr. | HY | SL | 1,314 |
| c 7-year property | | | | | | |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27 5 yrs | MM | S/L | |
| i Nonresidential real property | | | 39 yrs | MM | S/L | |

Section C—Alternative Depreciation System (ADS) (See page 5 of the instructions)

| | | | | | | |
|----------------|--|--|---------|----|-----|--|
| 16a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part III Other Depreciation (Do not include listed property) (See instructions beginning on page 5)

| | | |
|---|----|-------|
| 17 GDS and ADS deductions for assets placed in service in tax years beginning before 2001 | 17 | 5,993 |
| 18 Property subject to section 16B(f)(1) election | 18 | |
| 19 ACRS and other depreciation | 19 | |

Part IV Summary (See page 6 of the instructions)

| | | |
|---|----|-------|
| 20 Listed property Enter amount from line 26 | 20 | |
| 21 Total. Add deductions from line 12, lines 15 and 16 in column (g), and lines 17 through 20 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions | 21 | 7,307 |
| 22 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 22 | |

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 23a, 23b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A—Depreciation and Other Information (Caution: See page 7 of the instructions for limits for passenger automobiles)

23a Do you have evidence to support the business/investment use claimed? Yes No 23b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 24-27.

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table with 6 columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows 28-34.

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see page 8 of the instructions)

Table with 2 columns: Yes, No. Rows 35-39.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Rows 40-42.

LATIN AMERICAN STUDIES ASSOCIATION (LASA)
52-0882881
YEAR ENDED SEPTEMBER 30, 2002

Form 990, Part I, Line 20
Other Changes in Net Assets

Stale checks \$2,071 Checks issued during previous fiscal years were taken back into cash

Form 990, Part II, Line 43e

Miscellaneous Expenses

| | <u>Total</u> | <u>Program Services</u> | <u>Mgmt</u> | <u>Fund Raising</u> |
|----------------------------------|------------------|-----------------------------|------------------|-------------------------|
| Insurance | \$ 2,831 | \$ - | \$ 2,831 | \$ - |
| Business Taxes | 1,382 | - | 1,382 | - |
| Dues & Subscriptions | 1,527 | 1,527 | - | - |
| Miscellaneous | 1,098 | 1,098 | - | - |
| Investment Fees | 6,891 | - | 6,891 | - |
| Sections | 1,616 | 1,616 | - | - |
| Decrease in Value- Securities | 307,158 | - | 307,158 | - |
| Relocation - Startup | 5,000 | 5,000 | - | - |
| Professional Fees | 7,906 | - | 7,906 | - |
| Overhead - LLILAS | <u>3,995</u> | <u>-</u> | <u>3,995</u> | <u>-</u> |
| | <u>\$339,404</u> | <u>\$ 9,241</u> | <u>\$330,163</u> | <u>\$ -</u> |

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<http://lasa.international.pitt.edu>

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ 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 File by the due date for filing your return. See instructions | Name of Exempt Organization Latin American Studies Association | Employer identification number 52 0882881 |
| | Number, street, and room or suite no. If a P O box, see instructions 946 William Pitt Union | |
| | City, town or post office, state and ZIP code. For a foreign address see instructions Pittsburgh, PA. 15260 | |

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

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **May 15** .. 20**03** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 20 _____ or
▶ tax year beginning **October 1**, 2001, and ending **September 30**, 2002

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

3a 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 \$ _____

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 ▶ Louis C. Roberts Title ▶ C.P.A. Date ▶ Feb. 6, 2003