

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

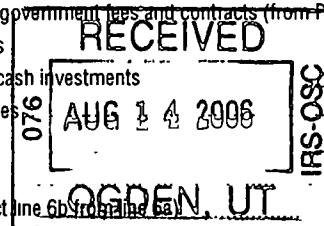
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2004 calendar year, or tax year beginning **OCT 1, 2004** and ending **SEP 30, 2005**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions	C Name of organization LATIN AMERICAN STUDIES ASSOCIATION(LASA)		D Employer identification number 52-0882881
		Number and street (or P O box if mail is not delivered to street address) Room/suite 416 BELLEFIELD HALL, UNIVERITY OF PGH.		E Telephone number (412) 648-7929
		City or town, state or country, and ZIP + 4 PITTSBURGH, PA 15260		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		G Website: ▶ HTTP://LASA.INTERNATIONAL.PITT.EDU		
J Organization type (check only one) <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶		
K Check here <input type="checkbox"/> 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.		M Check <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF).		
L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶		4,142,098.		

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	155,316.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 155,316. noncash \$)	1d	155,316.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	379,311.	
	3	Membership dues and assessments	3	364,764.	
	4	Interest on savings and temporary cash investments	4	17,893.	
	5	Dividends and interest from securities	5	102,818.	
	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	
			3,045,578.	8a	
	Less: cost or other basis and sales expenses		3,185,451.	8b	
	Gain or (loss) (attach schedule)		<139,873.>	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<139,873.>		
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)		9a		
	Less: direct expenses other than fundraising expenses		9b		
	Net income or (loss) from special events (subtract line 9b from line 9a)		9c		
10a	Gross sales of inventory, less returns and allowances		10a		
	Less: cost of goods sold		10b		
	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	76,418.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	956,647.		
Expenses	13	Program services (from line 44, column (B))	13	720,340.	
	14	Management and general (from line 44, column (C))	14	71,827.	
	15	Fundraising (from line 44, column (D))	15	52,267.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	844,434.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	112,213.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,940,982.	
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	340,607.	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	4,393,802.	



SCANNED AUG 30 2006

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

Form 990 (2004)

913-15

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 Page 2

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 \$ _____)	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 64,000.	44,800.	6,400.	12,800.
26 Other salaries and wages	26 107,131.	74,992.	10,713.	21,426.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 21,471.	15,030.	2,147.	4,294.
30 Professional fundraising fees	30 399.			399.
31 Accounting fees	31 8,325.		8,325.	
32 Legal fees	32 1,280.		1,280.	
33 Supplies	33 9,256.	9,256.		
34 Telephone	34 2,845.	2,845.		
35 Postage and shipping	35 56,142.	56,142.		
36 Occupancy	36			
37 Equipment rental and maintenance	37 10,695.	10,695.		
38 Printing and publications	38 91,099.	91,099.		
39 Travel	39 39,554.	11,866.	15,822.	11,866.
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 7,207.	7,207.		
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 3	43e 425,030.	396,408.	27,140.	1,482.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 844,434.	720,340.	71,827.	52,267.

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

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)
SEE STATEMENT 4	
a SEE STATEMENT 5	
(Grants and allocations \$ _____)	364,828.
b CONGRESS - CONGRESS IS HELD EVERY EIGHTEEN MONTHS FOR EXPERTS TO GATHER TO DISCUSS LATIN AMERICA AND THE CARIBBEAN.	
(Grants and allocations \$ _____)	264,856.
c SECTIONS - LASA SECTIONS PROMOTE THE COMMON INTEREST IN SPECIFIC AREAS OF LATIN AMERICAN STUDIES.	
(Grants and allocations \$ _____)	90,656.
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)	720,340.

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
Assets	45 Cash - non-interest-bearing	93,353.	45	57,142.
	46 Savings and temporary cash investments	13,127.	46	451,786.
	47 a Accounts receivable	105,641.		
	47 b Less: allowance for doubtful accounts		47c	105,641.
	48 a Pledges receivable			
	48 b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	51 b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	96,671.	53	1,349.
	54 Investments - securities	3,960,723.	54	3,891,588.
	55 a Investments - land, buildings, and equipment, basis			
55 b Less: accumulated depreciation		55c		
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment, basis	47,329.			
57 b Less: accumulated depreciation	28,383.	57c	18,946.	
58 Other assets (describe ▶)		58		
59 Total assets (add lines 45 through 58) (must equal line 74)	4,200,515.	59	4,526,452.	
Liabilities	60 Accounts payable and accrued expenses	5,089.	60	42,209.
	61 Grants payable		61	
	62 Deferred revenue	116,580.	62	90,441.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	64 b Mortgages and other notes payable		64b	
65 Other liabilities (describe ▶ DEFERRED CONGRESS REVENUE)	137,864.	65	0.	
66 Total liabilities (add lines 60 through 65)	259,533.	66	132,650.	
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	710,570.	67	2,273,176.
	68 Temporarily restricted	162,449.	68	120,626.
	69 Permanently restricted	3,067,963.	69	2,000,000.
	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)	3,940,982.	73	4,393,802.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	4,200,515.	74	4,526,452.	

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 VII Analysis of Income-Producing Activities (See page 33 of the instructions)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SEE STATEMENT 8					379,311.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					364,764.
95 Interest on savings and temporary cash investments			14	17,893.	
96 Dividends and interest from securities			14	102,818.	
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	<139,873.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ADVERTISING INCOME	541800	13,324.			
b SUBSIDIARY RIGHTS	900003	3,790.			
c MISCELLANEOUS INCOME			01	5,777.	
d ROYALTY INCOME			15	53,527.	
e					
104 Subtotal (add columns (B), (D), and (E))		17,114.		40,142.	744,075.
105 Total (add line 104, columns (B), (D), and (E))					801,331.

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 page 34 of the instructions)

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)
▼	SEE STATEMENT 9

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

(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 (See page 34 of the instructions)

- (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).

Please Sign Here: 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. Preparation of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 08/10/06 Type or print name and title: Milagros Peruya Executive Director

Paid Preparer's Use Only: Preparer's signature: *[Signature]* Date: 08/08/06 Check if self-employed: Preparer's SSN or PTIN:
 Firm's name (or yours if self-employed), address, and ZIP + 4: SISTERTSON & CO. LLP, 2101 GRANT BUILDING, PITTSBURGH, PA 15219
 EIN: Phone no: 412-281-2025

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2004

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 ▶	0			

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 ▶	0	

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.) 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 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 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

See Part V

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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	178,157.	163,767.	97,908.	310,498.	750,330.
16 Membership fees received	289,244.	214,785.	273,778.	340,662.	1,118,469.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	116,736.	296,520.	98,345.	345,921.	857,522.
18 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	109,074.	101,072.	164,290.	203,408.	577,844.
19 Net income from unrelated business activities not included in line 18	17,417.	15,783.	10,213.	24,378.	67,791.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	710,628.	791,927.	644,534.	1,224,867.	3,371,956.
24 Line 23 minus line 17	593,892.	495,407.	546,189.	878,946.	2,514,434.
25 Enter 1% of line 23	7,106.	7,919.	6,445.	12,249.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b N/A
c Total support for section 509(a)(1) test Enter line 24, column (e)					26c N/A
d Add Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____					26d N/A
e Public support (line 26c minus line 26d total)					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	0.
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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	(2003) 0.	(2002) 0.	(2001) 0.	(2000) 0.	0.
c Add. Amounts from column (e) for lines 15 750,330. 16 1,118,469. 17 857,522. 20 _____ 21 _____					27c 2,726,321.
d Add Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 2,726,321.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 3,371,956.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 80.8528%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 17.1368%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15	NONE				

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(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)		
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 (See page 9 of the instructions) N/A

(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 (The term "expenditures" means amounts paid or incurred)	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
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				N/A
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 11 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.	Yes	No	Amount
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.)			0.

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

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

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VANGUARD TOTAL BOND MARKET INDEX	1,339,588.	1,312,752.	0.	26,836.
VANGUARD TOTAL STOCK MARKET INDEX	376,684.	388,554.	0.	<11,870.>
SMITH BARNEY	1,329,306.	1,484,145.	0.	<154,839.>
TO FORM 990, PART I, LINE 8	3,045,578.	3,185,451.	0.	<139,873.>

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

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS	340,607.
TOTAL TO FORM 990, PART I, LINE 20	340,607.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONTRACT LABOR	15,432.	13,889.	1,543.	
INSURANCE	2,320.	1,624.	232.	464.
MEMBERSHIPS AND DUES	10,586.	10,586.		
TRAINING AND DEVELOPMENT	10,049.	10,049.		
NATIONAL MEETING EXPENSES	264,856.	264,856.		
INVESTMENT AND BANK FEES	20,494.		20,494.	
SECTIONS EXPENSE	90,656.	90,656.		
MEALS AND ENTERTAINMENT	2,140.	1,498.	321.	321.
MISCELLANEOUS EXPENSE	4,644.	3,250.	697.	697.
UNREALIZED BUSINESS INCOME TAXES	3,059.		3,059.	
OTHER PROFESSIONAL FEES	794.		794.	
TOTAL TO FM 990, LN 43	425,030.	396,408.	27,140.	1,482.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO PROVIDE A FORUM FOR ADDRESSING MATTERS OF COMMON INTEREST TO THE SCHOLARLY PROFESSION AND TO PROMOTE EFFECTIVE TRAINING, TEACHING, AND RESEARCH IN CONNECTION WITH THE STUDY OF LATIN AMERICA.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 5

DESCRIPTION OF PROGRAM SERVICE ONE

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, DIRECTORY, AND BULLETIN OF LATIN AMERICAN RESEARCH AND FORUM.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		364,828.

FORM 990 OTHER SECURITIES STATEMENT 6

SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
VANGUARD - MUTUAL FUNDS	FMV	257,816.
CITIZENS - CERTIFICATE	FMV	102,542.
FIRST COMMONWEALTH (F.K.A.GREAT AME	FMV	103,180.
STATE FARM - CERTIFICATE	FMV	72,442.
SMITH BARNEY - MUTUAL FUNDS	FMV	3,355,608.
TO FORM 990, LINE 54, COL B		3,891,588.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 7

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SONIA E. ALVAREZ 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	PRESIDENT 2	0.	0.	0.
CHARLES R. HALE 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	VICE PRESIDENT 2	0.	0.	0.
MARYSA NAVARRO 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	PAST PRESIDENT 2	0.	0.	0.
MERILEE GRINDLE 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	TREASURER 2	0.	0.	0.
GEORGE YUDICE 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	EXECUTIVE COUNCIL MEMBER 2	0.	0.	0.
JOANNE RAPPAPORT 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	EXECUTIVE COUNCIL MEMBER 2	0.	0.	0.
LYNN STEPHEN 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	EXECUTIVE COUNCIL MEMBER 2	0.	0.	0.
JOSE ANTONIO AGUILAR 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	EXECUTIVE COUNCIL MEMBER 2	0.	0.	0.
ELIZABETH JELIN 416 BELLEFIELD HALL, UNIVERSITY OF PG PITTSBURGH, PA 15260	EXECUTIVE COUNCIL MEMBER 2	0.	0.	0.

MILAGROS PEREYA-ROJAS	EXECUTIVE DIRECTOR			
416 BELLEFIELD HALL, UNIVERSITY OF 40				
PG		64,000.	22,500.	0.
PITTSBURGH, PA 15260				
TOTALS INCLUDED ON FORM 990, PART V		<u>64,000.</u>	<u>22,500.</u>	<u>0.</u>

FORM 990 PROGRAM SERVICE REVENUE STATEMENT 8

DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
CONGRESS REGISTRATION REVENUE					206,762.
CONGRESS EXHIBITS REVENUE					53,070.
LARR SUBSCRIPTIONS REVENUE					119,036.
OTHER PUBLICATIONS REVENUE					443.
TO FORM 990, PART VII, LINE 93					<u>379,311.</u>

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 9

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	REGISTRATION FEES PAID BY INDIVIDUALS TO ATTEND A CONGRESS THAT IS HELD EVERY EIGHTEEN MONTHS TO DISCUSS LATIN AMERICA AND THE CARIBBEAN.
93B	EXHIBIT FEES PAID BY INDIVIDUALS THAT ATTEND A CONGRESS THAT IS HELD EVERY EIGHTEEN MONTHS TO DISCUSS LATIN AMERICA AND THE CARIBBEAN.
93C	AMOUNTS BILLED TO SUBSCRIBERS THAT COVER A PORTION OF THE COST OF PUBLICATIONS.
93D	NET INCOME FROM VARIOUS OTHER BULLETINS, NEWSLETTERS AND DIRECTORIES PUBLISHED BY LASA.
94	MEMBERS WHO ARE SCHOLARS, EDUCATORS AND OTHER PERSONS INTERESTED IN THE LATIN AMERICAN AREA WHO RECEIVE INFORMATION AND ADVICE ON CURRENT DEVELOPMENTS.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box



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. Includes fields for Name of Exempt Organization (LATIN AMERICAN STUDIES ASSOCIATION(LASA)), Employer identification number (52-0882881), and address (946 WILLIAM PITT UNION, PITTSBURGH, PA 15260).

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

- Form 990 (checked), Form 990-EZ, Form 990-T (sec 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, 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.

- The books are in the care of MILAGROS PEREYRA, Telephone No. 412-648-7929, FAX No.
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) and attach a list with the names and EINs of all members the extension is for

I request an additional 3-month extension of time until AUGUST 15, 2006. For calendar year, or other tax year beginning OCT 1, 2004 and ending SEP 30, 2005. State in detail why you need the extension: ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE & ACCURATE RETURN.

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.
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.

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: M. M. Cantale, Title: CPA, Date: 05/12/06

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 a 10-day grace period.
We cannot consider this application because it was filed after the extended 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.

EXTENSION APPROVED

Name: SISTERTON & CO. LLP, Address: 2101 GRANT BUILDING, PITTSBURGH, PA 15219. JUN 05 2006. FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN.

423832 01-10-05