

ENVELOPE POSTMARK DATE DEC 06 2006

SCANNED JAN 08 2007

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

2005

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 2005 calendar year, or tax year beginning MAY 01, 2005, and ending APRIL 30, 2006

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
LATVIAN FOUNDATION, INC.

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1907 AUTUMN CREST LANE

City or town, state or country, and ZIP + 4
KALAMAZOO, MI 49008-4810

D Employer identification number
23:7089477

E Telephone number
(269) 382-1176

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? N/A 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 Website: ▶ WWW.LATVIESUFONDS.INFO

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

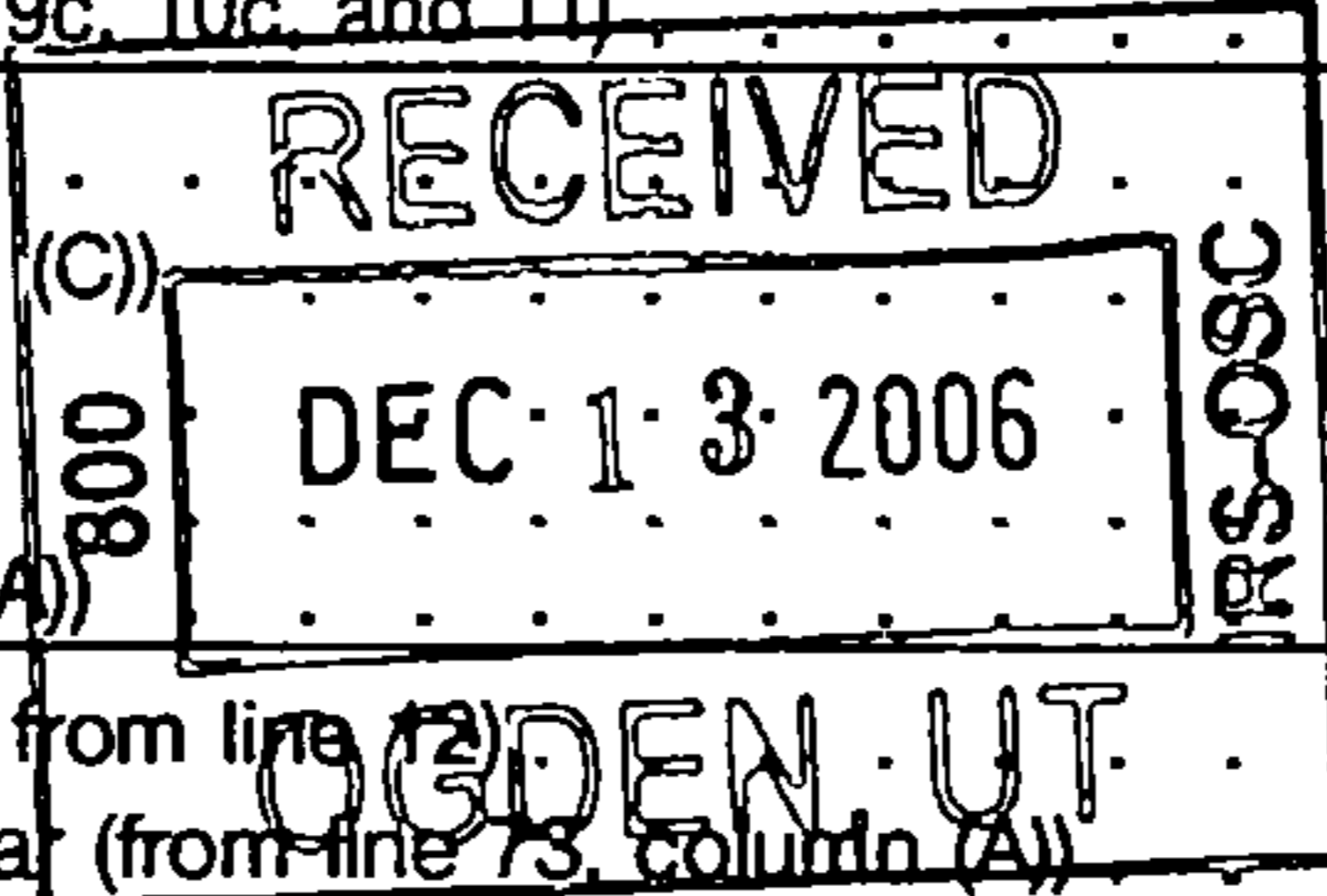
I Group Exemption Number ▶

M Check 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 ▶ 202,804

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue					
1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	<u>1,270</u>		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ <u>1,270</u> noncash \$ _____)	1d		<u>1,270</u>	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3		<u>780</u>	
4	Interest on savings and temporary cash investments	4		<u>17,279</u>	
5	Dividends and interest from securities	5		<u>15,259</u>	
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	<u>168,216</u>	8a		
c	Gain or (loss) (attach schedule)	<u>148,796</u>	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) <u>STATEMENT 1</u>	<u>19,420</u>	8c		
8d				<u>19,420</u>	
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			
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			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		<u>54,008</u>	
Expenses	13 Program services (from line 44, column (B))	13		<u>71,178</u>	
	14 Management and general (from line 44, column (C))	14		<u>12,934</u>	
	15 Fundraising (from line 44, column (D))	15		<u>3,273</u>	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 13 and 14, column (A))	17		<u>87,385</u>	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<u>(33,377)</u>	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		<u>460,589</u>	
	20 Other changes in net assets or fund balances (attach explanation)	20		<u>55,954</u>	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		<u>483,166</u>	



415
2 NE

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 the instructions.)

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) <u>STATEMENT 3</u> (cash \$ <u>65,303</u> noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22 <u>65,303</u>	<u>65,303</u>		
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 <u>-0-</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
26	Other salaries and wages	26			
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32 <u>135</u>		<u>135</u>	
33	Supplies	33 <u>421</u>	<u>300</u>	<u>81</u>	<u>40</u>
34	Telephone	34			
35	Postage and shipping	35 <u>1,272</u>	<u>600</u>	<u>300</u>	<u>372</u>
36	Occupancy	36			
37	Equipment rental and maintenance	37 <u>664</u>		<u>664</u>	<u>258</u>
38	Printing and publications	38 <u>1,758</u>	<u>950</u>	<u>550</u>	
39	Travel	39 <u>8,053</u>	<u>4,025</u>	<u>2,025</u>	<u>2,003</u>
40	Conferences, conventions, and meetings	40 <u>1,208</u>		<u>608</u>	<u>600</u>
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	<u>PROMOTION</u>	43a <u>88</u>		<u>88</u>	
b	<u>BANK CHARGES</u>	43b <u>197</u>		<u>197</u>	
c	<u>TAXES</u>	43c <u>324</u>		<u>324</u>	
d	<u>CURRENCY EXCHANGE</u>	43d <u>7,962</u>		<u>7,962</u>	
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 <u>87,385</u>	<u>71,178</u>	<u>12,934</u>	<u>3,273</u>

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 the instructions.)

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.

What is the organization's primary exempt purpose? PRESERVATION OF LATVIAN CULTURE
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)

a LATVIAN EDUCATIONAL AND CULTURAL ACTIVITIES

(Grants and allocations \$ 65,303) If this amount includes foreign grants, check here [X]

71,178

b

(Grants and allocations \$) If this amount includes foreign grants, check here []

c

(Grants and allocations \$) If this amount includes foreign grants, check here []

d

(Grants and allocations \$) If this amount includes foreign grants, check here []

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here []

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

71,178

Part IV Balance Sheets (See the instructions.)

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		45
	46 Savings and temporary cash investments	67,027	46 185,014
	47a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	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
	54 Investments—securities (attach schedule)	735,746	54 659,613
	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		
b Less: accumulated depreciation (attach schedule)	57b	57c	
58 Other assets (describe ►)		58	
59 Total assets (must equal line 74). Add lines 45 through 58.	802,773	59 844,627	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable	47,931	61 58,574
	62 Deferred revenue		62
	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 ► <u>LOANS FROM MEMBERS</u>)	294,253	65 302,897
66 Total liabilities. Add lines 60 through 65	342,184	66 361,461	
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	430,611	67 455,188
	68 Temporarily restricted	29,978	68 27,978
	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 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)	460,589	73 483,166
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	802,773	74 844,627

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.) N/A

a	Total revenue, gains, and other support per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
JANIS KUKAINIS, 1907 AUTUMN CREST LN, KALAMAZOO, MI 49008	RESIDENT AGENT LESS THAN 4	-0-	-0-	-0-
AJJA ABEDE, 1907 AUTUMN CREST LN, KALAMAZOO, MI 49008	PRESIDENT 4 TO 8	-0-	-0-	-0-
VALDIS BERZINS, 1907 AUTUMN CREST LN, KALAMAZOO, MI 49008	VICE PRESIDENT 4 TO 8	-0-	-0-	-0-
ASTRIDA LEVEŠTEJA, 1907 AUTUMN CREST LN, KALAMAZOO, MI 49008	GRANT MGR. 4 TO 8	-0-	-0-	-0-
VIVITA ROSENBERGA, 1907 AUTUMN CREST LN, KALAMAZOO, MI 49008	GRANT. MGR. 4 TO 8	-0-	-0-	-0-
TIJA KARKLE, 1907 AUTUMN CREST LN, KALAMAZOO, MI 49008	TREASURER 4 TO 8	-0-	-0-	-0-
ASTREJA JAUSONE, 1907 AUTUMN CREST LN, KALAMAZOO, MI 49008	SECRETARY 4 TO 8	-0-	-0-	-0-
JURIS PETRICEKS, 1907 AUTUMN CREST LN, KALAMAZOO, MI 49008	INTERNAL AUDITOR 4 TO 8	-0-	-0-	-0-

Part VI Other Information (continued)		Yes	No
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	
83b	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
84b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	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.		N/A
85c	c Dues, assessments, and similar amounts from members		N/A
85d	d Section 162(e) lobbying and political expenditures		N/A
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	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?		N/A
86a	86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		N/A
86b	b Gross receipts, included on line 12, for public use of club facilities		N/A
87a	87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		N/A
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		N/A
88	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	89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ -0- ; section 4912 ▶ -0- ; section 4955 ▶ -0-		
89b	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		-0-
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		-0-
90a	90a List the states with which a copy of this return is filed ▶ MICHIGAN		
90b	b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		-0-
91a	91a The books are in care of ▶ TIJA KARKLIS Telephone no. ▶ (703) 200-8009 Located at ▶ 3507 SE RIVERWOOD LN, VANCOUVER, WA ZIP + 4 ▶ 98683-6687		
91b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ LATVIA, CANADA, AUSTRALIA See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	X	
91c	c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		X
92	92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶		N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues and assessments, Interest on savings and temporary cash investments, Dividends and interest from securities, Net rental income, Gain or (loss) from sales of assets, and Subtotal.

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 the instructions.)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (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 the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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. Signature of officer: Tija Karklis, Date: 12/5/06, Type or print name and title: Tija Karklis, Treasurer.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's SSN or PTIN, Firm's name (or yours if self-employed), address, and ZIP + 4, EIN, Phone no.

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 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information—(See separate instructions.)

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

Name of the organization

LATVIAN FOUNDATION, INC.

Employer identification number

23: 7089477

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-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other 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)		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?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	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.) STATEMENT 5	X	
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	5,000	8,000	33,911	27,076	73,987
16 Membership fees received	340	2,470	3,635	170	6,615
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					
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	32,696	32,256	36,248	40,305	141,525
19 Net income from unrelated business activities not included in line 18.					
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	38,036	42,726	73,814	67,551	222,127
24 Line 23 minus line 17	38,036	42,726	73,814	67,551	222,127
25 Enter 1% of line 23	380	427	738	676	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	4,443
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	-0-
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	222,127
d Add: Amounts from column (e) for lines: 18 141,525 19 _____ 22 _____ 26b _____	26d	141,525
e Public support (line 26c minus line 26d total)	26e	80,602
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	36.3 %

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

(2004) _____ (2003) _____ (2002) _____ (2001) _____

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 11b, 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

(2004) _____ (2003) _____ (2002) _____ (2001) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	27c	
d Add: Line 27a total _____ and line 27b total _____	27d	
e Public support (line 27c total minus line 27d total)	27e	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.)
(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.)		
32a	Does the organization maintain the following: a Records indicating the racial composition of the student body, faculty, and administrative staff?		
32b	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
32c	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
32d	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		
33a	a Students' rights or privileges?		
33b	b Admissions policies?		
33c	c Employment of faculty or administrative staff?		
33d	d Scholarships or other financial assistance?		
33e	e Educational policies?		
33f	f Use of facilities?		
33g	g Athletic programs?		
33h	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?		
34b	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)

N/A

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	41	
	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) 2005	(b) 2004	(c) 2003	(d) 2002	(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					

N/A

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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	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.)			

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

LATVIAN FOUNDATION, INC.

23-7089477

STATEMENT 1

FORM 990

GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
US T NOTE 10.00% 05/15/10	\$50,000.00	\$63,504.66	\$0.00	(\$13,504.66)
AT&T CORP NOTE 05/15/05	\$25,000.00	\$25,500.37	\$0.00	(\$500.37)
CITICORP SUB NOTES 7.0% 08/15/05	\$25,000.00	\$24,802.50	\$0.00	\$197.50
CANADIAN NATURAL RESOURCES LTD. 600SH.	\$22,639.00	\$4,820.52	\$11.91	\$17,806.57
ENCANA CORP 441SH	\$20,577.06	\$5,110.25	\$11.82	\$15,454.99
FORD MOTOR CREDIT 6.125% 01/09/06	\$25,000.00	\$25,035.45	\$0.00	(\$35.45)
TOTAL TO FORM 990, PART I, LINES 8a, 8b, 8c	\$168,216	\$148,796		\$19,420

STATEMENT 2

FORM 990

OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS) FROM INVESTMENTS	\$49,308.47
GRANT RESERVE FUND INCREASE FROM CANCELLED GRANT	6,646.00
TOTAL TO FORM 990, PART I, LINE 20	\$55,954

STATEMENT 3

FORM 990

CASH GRANTS AND ALLOCATIONS

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIOJSHIP	AMOUNT
SEE ATTACHED			NONE	\$65,303.00
TOTAL TO FORM 990, PART II, LINE 22				\$65,303

LATVIAN FOUNDATION, INC.

23-7089477

STATEMENT 4

FORM 990	OTHER INVESTMENTS	
DESCRIPTION	VALUATION METHOD	AMOUNT
SECURITY INVESTMENTS	MARKET VALUE	\$659,613.09
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		\$659,613

STATEMENT 5

SCHEDULE A (FORM 990) STATEMENT OF QUALIFICATIONS TO RECEIVE PAYMENTS
PART III LINE 3

INDIVIDUALS RECEIVING GRANTS QUALIFY THROUGH AN APPLICATION PROCESS IN WHICH THE BOARD OF TRUSTEES REVIEWS THE INTENDED USE OF THE GRANT MONEY AND DECIDES WHETHER TO APPROVE.

LATVIAN FOUNDATION, INC.

23-7089477

Form 990, Part II, Line 22

Cash Grants and Allocations

Description	Donee's Name	Donee's Adress	Amount
Latvian language and culture education among ethnic Latvians in Brazil	Gundega Krapkova	Malienas iela 72-30 Riga, LV-1064, Latvia	\$8,000
Production of a documentary film regarding events in Nazi occupied Latvia - "Searching for Truth"	Uldis Neiburgs	Occupation Museum Strelnieku laukums 1 Riga, LV-1050, Latvia	\$7,800
Publication of "Metriena" - a book about the Metriena Township from the 18th through the 20th century.	Austris Apsitis	Metriena Township Council Metriena, LV-4865, Latvia	\$5,236
Support of pottery workshop facilities at the West Coast Latvian Education Center (WCLEC)	Mara Zommere and Tamara Ruse	WCLEC, P. O. Box 1221 Shelton, WA 98584, USA	\$5,000
Development of the Latvian author's Janis Klidzejs Memorial room in the Kantinieki Township Hall	Evita Pignoze	Kantinieki Township Hall Kantinieki, LV-4621, Latvia	\$4,791
Latvian Book Collection Support for the Rezekne Central Library	Marija Sproge	Rezekne Central Library Atbrivosanas aleja 81/5 Rezekne, LV-4601, Latvia	\$3,500
Women's Group "Vilcenes" Folksong CD Production	Ieva Kalnina	"Vilcenes" Juglas iela 35-21 Riga, LV-1064, Latvia	\$3,000
Latvian Lifestyle Activities for Konu Township	Aiga Stiere	Konu Elementary School Konu Township, LV-4247 Latvia	\$2,503
Young Latvian Musician's Camp and Masterclasses	Dace Aperane	Latvian Youth Song Festival Council, 11 Cat Rocks Drive, Bedford, NY 10506, USA	\$2,500
Musical Introduction to Riga at the Beginning of the 21st Century.	Liene Ulbine	Ansis Epnars Studio "AVE" Miera iela 39-27, Riga LV-1001, Latvia	\$2,200

Form 990, Part II, Line 22**Cash Grants and Allocations (Cont. - Page 2)**

Education Materials for the Latvian Children's School "Starins"	A. Tupese-Kina	Latvian Preschool "Starins" 6201 W. Peterson Avenue Chicago, IL 60646, USA	\$2,000
Folkart Ensemble "Auli" CD Production	Juris Zalans	Miera iela 54-14a Riga, LV-1013, Latvia	\$2,000
Publication of the Works of Poet and Historian Janis Kreslins	Sigita Kusnere	Aspazijas bulvaris 24 Riga, LV-1050, Latvia	\$2,000
Summer High School "Saulgriezi"	Ilze Kreismane	Cesu iela 19-17 Riga, LV-1012, Latvia	\$2,000
Folkart Ensemble "Sudrabavots" CD Production	Helena Viksnina	6707 - 6th Street, NW Washington, DC 20012 USA	\$2,000
Latgallian Folksong Arrangement for Childrens Choirs	Ieva Lazdane	Aglona Basilica Choir School, Cirisu iela 8 Aglona, LV-5304, Latvia	\$1,950
Selijas Regional Folkart Festival	Anda Nikolajeva	Akniste Township Council Skolas iela 10a, Akniste LV-5208, Latvia	\$1,920
Publication of Madonas Regional Choir Art History	Janis Berzins	Gaujas iela 10 Madona, LV-4801, Latvia	\$1,900
Latvian Book Collection Support for the Akniste Township Library	Veronika Papaurele	Akniste Library Skolas iela 16a, Akniste LV- 5208, Latvia	\$1,500
Folkart Camp "Gara pupa"	Daina Zalane	Miera iela 54-14a Riga, LV-1013, Latvia	\$1,395
Latvian Lifestyle Activities for Lutrinu Township	Liga Vimbsone	Darzini 1, Lutrinu Township, LV-3861, Latvia	\$1,150
Folkart cycle in Konu Township	Maruta Krastina	Konu Life School, Ausekli Konu Township, LV-4247 Latvia	\$ 958
		Total	\$65,303

None of the Donees are related to any of the Latvian Foundation's Trustees

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1703

▶ File a separate application for each return

- o If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - o If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- 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)

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 7001 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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization Latvian Foundation, Inc.	Employer identification number 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 1907 Autumn Crest Lane	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Kalamazoo, MI 49008-4810	

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 |

The books are in the care of ▶ **Tija Karklis Treasurer**

Telephone No ▶ **(703) 200-8009** FAX No. ▶ ()

- o If the organization does **not** have an office or place of business in the United States, check this box
- o 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-months for a **Form 990-T corporation**) extension of time until **December 15, 2006** 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 **May 1, 2005** and ending **April 30, 2006**

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

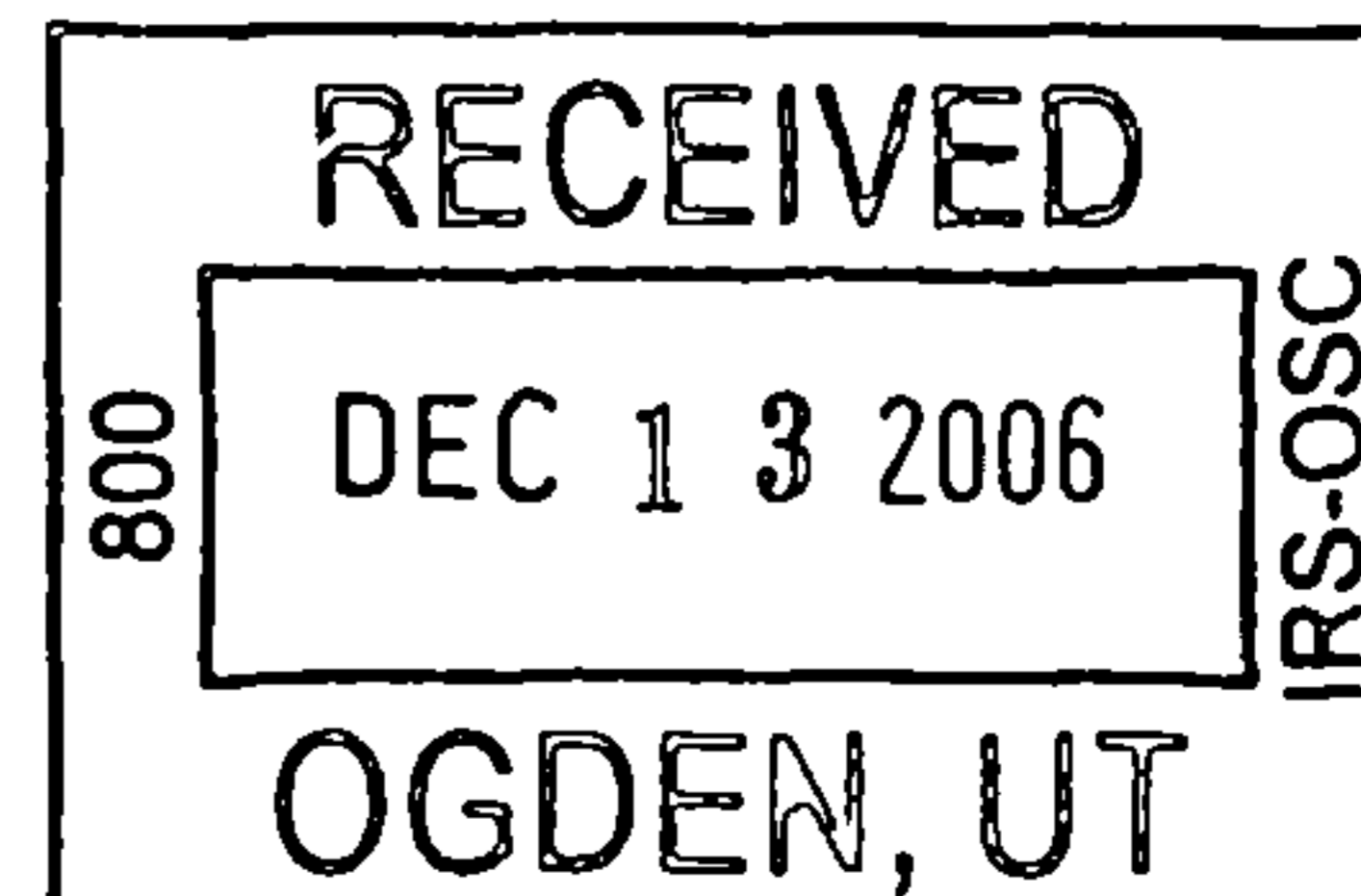
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ n/a

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 \$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

ENVELOPE POSTMARK DATE DEC 06 2006



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.
Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number.
Rows include: Number street, and room or suite no. if a P.O. box see instructions; For IRS use only; City town or post office state, and ZIP code For a foreign address see instructions

- Check type of return to be filed (File a separate application for each return):
Form 990, Form 990-T (sec. 401(a) or 408(a) trust), Form 5227, Form 990-BL, Form 990-T (trust other than above), Form 6069, Form 990-EZ, Form 1041-A, Form 8870, Form 990-PF, Form 4720

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 Telephone No. 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) 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 20
5 For calendar year or other tax year beginning 20 and ending 20
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

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 \$
b 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 \$
c 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 Tija Karklin Title Treasurer Date 9/12/2006

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.

Table with 3 rows: Name, Number and street (include suite, room, or apt. no.) or a P.O. box number, City or town, province or state, and country (including postal or ZIP code)