

STATE OF MICHIGAN
DEPARTMENT OF ATTORNEY GENERAL

Charitable Trust Section, (517) 373-1152

INITIAL CHARITABLE TRUST/CHARITABLE SOLICITATION
QUESTIONNAIRE

NOTE: This form will NOT
be processed without
a complete copy of Bylaws &
Constitution or Trust Agree-
ment and (if incorporated) a
copy of Articles of Incorpor-
ation showing dated "Filed"
stamp from appropriate state
agency.

Please use "Checklist"
on page 4 before mailing.

Return form to: Charitable Trust Section,
670 Law Building, 525 W. Ottawa, Lansing, MI 48913

PLEASE TYPE OR PRINT IN INK.

1. Legal Name of Organization: LATVIAN FOUNDATION
2. Address: 16776 White Haven Drive, Northville, Michigan 48167
3. Fiscal year ending date: April 30
4. Date created 9-15-70 State of Michigan. Incorporated? ☒ YES ☐ NO.
If yes, attach complete copy of Articles of Incorporation which show DATED
"FILED" stamp from the appropriate state agency and Constitution and Bylaws.
If no, attach copy of Constitution and Bylaws or Trust Agreement.
5. Purpose of organization: To receive and administer funds for the
preservation and perpetuation of Latvian culture and ethnic traditions
6. Is organization registered as a Charitable Trust and/or licensed to solicit
donations in Michigan with the Michigan Department of Attorney General?
☒ YES ☐ NO. If yes, give file numbers: CT 4476 MICS
7. Does organization have a tax exemption under IRS 501(c)(3)? ☒ YES ☐ NO.
If yes, attach copy of IRS determination letter.
If no, A. Has it applied for 501(c)(3) status? ☐ YES ☐ NO.
B. Has it been turned down? ☐ YES ☐ NO. If yes, explain:

TAXPAYERS COPY
- C. List any other exemption you have obtained or that is pending from
IRS:
Public Foundation under 509(a)(2)
8. Does organization plan to solicit contributions? ☒ YES ☐ NO.
If yes,
A. Solicit from the public
(this includes corporations, individuals, groups, etc.)? ☐ YES ☒ NO.
B. Solicit grants? ☒ YES ☐ NO. If yes, from whom? Members
C. Solicit from its members? ☒ YES ☐ NO. If yes, explain:
D. Solicit from any other source? ☐ YES ☒ NO. If yes, explain:

9. Does organization anticipate soliciting contributions of more than \$8,000 per year from the public in Michigan? ☐ YES ☒ NO.
10. Are persons compensated for solicitations or for the sale of tickets or other items? ☐ YES ☒ NO. If yes, explain fully and give name and address of any professional fund raiser.
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- (You must submit, with this form, copies of contracts with professional fund raisers. "Consultants" and persons selling items on your behalf are included in this category.)
11. Does organization request contributions only for the relief or benefit of a named individual, with all fund raising conducted by persons who are unpaid for their services? ☐ YES ☒ NO. If yes, give name, address and phone number of the named beneficiary:
-
12. Will solicitations be confined to drives, held not more than quarterly, among members only, where the general public is not invited to become a member? ☒ YES ☐ NO.
13. Is organization approved as an educational institution by the State of Michigan Board of Education? ☐ YES ☒ NO. If yes, attach copy of verification from Board.
14. If a veteran's organization, do you hold a charter under federal law? ☐ YES ☒ NO. If yes, give name of National organization which received the Federal Charter and the State of Michigan Council or Department:
-
15. Is your sole source of income derived from other charitable organizations who are licensed to solicit donations with this office? ☐ YES ☒ NO. If yes, give name(s) and license number(s) of said organization(s):
-
16. Is this organization a licensed hospital, hospital-based foundation or hospital auxiliary? ☐ YES ☒ NO. If yes, give name of parent hospital, if applicable:
-
17. Is this organization a nonprofit service club with other than a 501(c)(3) designation from IRS? ☐ YES ☒ NO. If yes, is the organization's principle purpose charitable? ☐ YES ☐ NO.
18. Is this a nonprofit corporation whose purpose is the owning and operating of facilities for the aged and chronically ill whose stock is wholly owned by a religious or fraternal society? ☐ YES ☒ NO. If yes, give name of religious or fraternal society:
-
19. Is organization licensed by the Michigan Department of Social Services to serve children and families? ☐ YES ☒ NO. If yes, give license number:

20. Is organization registered or licensed to solicit in any other state or jurisdiction? ☐ YES ☒ NO.

If yes, where? _____

21. Does organization have a bingo or millionaire party license from the State of Michigan? ☐ YES ☒ NO.

If yes, give the license number(s): _____

22. Are organization's assets pledged to charitable purposes? ☒ YES ☐ NO.

23. Is organization an amateur theatre, band or orchestra corporation? ☐ YES ☒ NO.

24. Is organization a religious organization or a group affiliated with and forming an integral part of a religious organization? ☐ YES ☒ NO.
If yes, give the name and address of the affiliated organization: _____

25. Does organization currently receive funds from United Way? ☐ YES ☒ NO.

If yes, identify specific U.W. office: _____

26. Does organization hold in Michigan any assets (cash, savings accounts, stocks and bonds, land, building, equipment, etc.) for charitable purposes? ☐ YES ☒ NO. If yes, describe assets and charitable purpose for which they are held: (If available, attach latest IRS Form 990 or 990-PF.) _____

27. Do you hold property as the trustee of an intervivos or testamentary trust? ☐ YES ☒ NO. If yes, name the trust, its location, and any identifying numbers. (Attach a copy of trust instruments.) _____

28. Additional comments or questions: _____

Prepared by
Ernst & Whinnery
Kalamazoo, Michigan 49007

PLEASE PRINT AND SIGN UNDER OATH THE NAME OF THE PERSON PREPARING THE FORM.

Subscribed and sworn to before me
this ____ day of _____, 19____

Notary Public

____ County, Michigan.

My Commission Expires: _____

:
: Name (Printed) _____ Date _____
:
: Signature _____
:
: Position in Organization _____
:
: Address: _____ Street _____ P.O. Box _____
:
: City _____ State _____ Zip _____
:
: Phone No.: _____

CHECKLIST

- ☐ 1. Are all questions answered fully?
- ☐ 2. Are the complete Articles of Incorporation (not just the certification page), Constitution and Bylaws or Trust Agreement enclosed?
- ☐ 3. Do the documents enclosed show the exact name as found in Item No. 1 of this form?
- ☐ 4. Do the Articles of Incorporation show acceptance (dated "FILED" stamp) from the Michigan Department of Commerce or other state agency if not a Michigan corporation?
- ☐ 5. Is the contract enclosed if Item No. 10 is answered "YES"?
- ☐ 6. Is the IRS determination letter enclosed if Item No. 7 is answered "YES"?
- ☐ 7. Is the Verification from Board enclosed if Item No. 13 is answered "YES"?
- ☐ 8. Is IRS Form 990 or 990-PF enclosed if Item No. 26 is answered "YES"?
- ☐ 9. Is a copy of trust instruments enclosed if Item No. 27 is answered "YES"?

HOW TO FIND YOUR LEGAL NAME

Your EXACT LEGAL NAME must be used on all forms, correspondence, etc.

The exact legal name of an organization can be found on its "creating document" as follows:

- A. If the organization is incorporated: Use the name shown on the current "Articles of Incorporation" filed with the Michigan Department of Commerce (or the appropriate state agency of resident state if not a Michigan corporation).
- B. If the organization is NOT incorporated: Use the name shown on the organization's Constitution and/or Bylaws.
- C. If an organization is incorporated and also uses an Assumed Name: Assumed Name must be on "Certificate of Assumed Name" that is filed with the Michigan Department of Commerce (or the appropriate state agency of resident state if not a Michigan Corporation). Assumed name(s) should be notated along with the corporate name of the organization.