

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

**2009**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the **2009** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>HELPPARGENTINA</b> Doing Business As		<b>D</b> Employer identification number <b>55-0790450</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>712 5TH AVENUE FL 8</b>		<b>E</b> Telephone number <b>6464725188</b>
		City or town, state or country, and ZIP + 4 <b>NEW YORK, NY 10019</b>		<b>G</b> Gross receipts \$ <b>684,810.</b>
		<b>F</b> Name and address of principal officer: <b>ROBERT HANNAN</b> <b>CABRERA 4864 APART 4A, CIUDAD DE BUENOS AIRES</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶

**I** Tax-exempt status:  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.HELPPARGENTINA.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2002** **M** State of legal domicile: **NY**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE ARGENTINA DEVELOPMENT CREATING A COMPETITIVE, RELIABLE AND GLOBALLY FINANCED SOCIAL SECTOR.</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>8</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>8</b>
	<b>5</b> Total number of employees (Part V, line 2a) <b>5</b> <b>0</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>0</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1f) <b>876,262.</b> <b>Prior Year</b> <b>617,944.</b> <b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>2,083.</b> <b>441.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>2,037.</b> <b>54,046.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>880,382.</b> <b>672,431.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>699,791.</b> <b>483,935.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>158,462.</b> <b>141,565.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>15,770.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) <b>106,118.</b> <b>63,679.</b>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <b>964,371.</b> <b>689,179.</b>
<b>19</b> Revenue less expenses Subtract line 18 from line 12 <b>-83,989.</b> <b>-16,748.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>Beginning of Current Year</b> <b>203,475.</b> <b>End of Year</b> <b>193,191.</b>
	<b>21</b> Total liabilities (Part X, line 26) <b>25,406.</b> <b>31,870.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>178,069.</b> <b>161,321.</b>

**Part II Signature Block**

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.

**Sign Here** Signature of officer: *Robert Hannan* Date: **10/15/2010**  
**ROBERT HANNAN, EX. DIRECTOR**  
Type or print name and title

**Paid Preparer's Use Only** Preparer's signature: *N. Cheng* Date: **10/15/10** Check if self-employed:  Preparer's identifying number (see instructions):  
Firm's name (or yours if self-employed), address, and ZIP + 4: **N. CHENG & CO., P.C.**  
**40 EXCHANGE PLACE**  
**NEW YORK, NY 10005** EIN: Phone no.: **(212) 785-0100**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: ORGANIZATION'S MISSION: TO PROMOTE ARGENTINA DEVELOPMENT CREATING A COMPETITIVE, RELIABLE, AND GLOBALLY FINANCED SOCIAL SECTOR.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code: ) (Expenses \$ 535,388. including grants of \$ ) (Revenue \$ ) MEMBER ORGANIZATIONS

THROUGH THIS PROGRAM, HELARGENTINA EVALUATES ARGENTINE CIVIL SOCIETY ORGANIZATIONS FOR MEMBERSHIP IN ITS NETWORK BASED ON A SET OF CRITERIA THAT TAKE INTO ACCOUNT SOCIAL IMPACT, ACCOUNTABILITY AND USE OF BEST PRACTICES. WE AIM TO PROMOTE PHILANTHROPY BY CONNECTING WORLDWIDE DONORS TO THESE BEST PRACTICE ORGANIZATIONS

GIVING SOLUTIONS FOR NON PROFITS HELARGENTINA PROVIDES ARGENTINE NONPROFITS WITH AN AVENUE TO IMPROVE THEIR SUPPORT FROM US DONORS. DONORS CAN MAKE TAX DEDUCTIBLE CONTRIBUTIONS TO HELARGENTINA AND RECOMMEND THAT GRANTS BE MADE TO A

4b (Code: ) (Expenses \$ 34,583. including grants of \$ ) (Revenue \$ ) INSIGHTARGENTINA

INSIGHTARGENTINA IS THE HELARGENTINA VOLUNTEER PROGRAM THAT FACILITATES THE CONNECTION BETWEEN INTERNATIONAL VOLUNTEERS AND ARGENTINE NON PROFIT ORGANIZATIONS. THIS INNOVATIVE VOLUNTEER PROGRAM IS PRIMARILY FOCUSED ON ENRICHING VOLUNTEER EXPERIENCES THAT PROVIDE INVALUABLE SUPPORT TO A NETWORK OF ARGENTINE ORGANIZATIONS.

THROUGH A UNIQUE BLEND OF INTERCULTURAL SOLIDARITY AND COMMUNITY SERVICE, INSIGHTARGENTINA'S GOALS ARE TWOFOLD: TO FACILITATE ENRICHING

4c (Code: ) (Expenses \$ 21,479. including grants of \$ ) (Revenue \$ ) DONOR CULTIVATION AND SERVICE PROGRAM

THIS DEPARTMENT PROVIDES CUSTOMER SERVICE TO SOCIAL INVESTORS, INDIVIDUAL DONORS AND VOLUNTEER FUNDRAISERS IN MORE THAN 35 COUNTRIES. ASIDE FROM PROMOTING THE IMPORTANCE OF DEVELOPING A PHILANTHROPIC CULTURE, THE DONORS PROGRAM SEEKS TO PROMOTE A COMMUNITY OF PEOPLE WHO DESPITE ANY GEOGRAPHICAL DISTANCE ARE COMMITTED TO SUPPORTING SOCIAL ORGANIZATIONS AND PROJECTS IN ARGENTINA BUT ALSO BUILDING A SENSE OF UNITY FOR THE ARGENTINES AND ARGENTINES ALL OVER THE WORLD IN THE PROCESS. TO THIS END THE DONORS PROGRAM HAS HELPED PROMOTE AND ORGANIZE DIFFERENT INITIATIVES AND STRATEGIES TO RAISE AWARENESS AND FUNDS FOR SOCIAL PROJECTS IN ARGENTINA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 4,410. including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 595,860.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?	X	
<b>b</b>	If "Yes," enter the name of the foreign country: <u>ARGENTINA</u> See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code)

	Yes	No
10a	X	
10b	X	
11	X	
11A		
12a	X	
12b	X	
12c		X
13	X	
14	X	
15		
15a		X
15b		X
16a		X
16b		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website     Another's website     Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ELISA GASSMAN - (646) 472-5188**  
**712 5TH AVENUE FL 8, NEW YORK, NY 10019**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LLOYD NIMETZ TREASURER		X		X				0.	0.	0.
EMILIO OCAMPO PRESIDENT		X		X				0.	0.	0.
DIEGO FERRARI VICE PRESIDENT		X		X				0.	0.	0.
JERONIMO JOSE BOSCH SECRETARY		X		X				0.	0.	0.
AGUSTINA BLANCO MEMBER		X						0.	0.	0.
CAROLINA BIQUARD MEMBER		X						0.	0.	0.
SOFIA GANCEDO MEMBER		X						0.	0.	0.
ANDREAS IGNACIO KELLER S MEMBER		X						0.	0.	0.



Part VIII		Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	617,944.				
	g	Noncash contributions included in lines 1a-1f \$		27,301.				
	h	<b>Total.</b> Add lines 1a-1f		617,944.				
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	<b>Total.</b> Add lines 2a-2f							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		441.	441.			
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		36,266.			
		b	Less: direct expenses	b	12,379.			
		c	Net income or (loss) from fundraising events		23,887.			23,887.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	PROGRAM FEES		900099	30,083.	30,083.			
	b	INSURANCE		900099	76.	76.		
	c							
	d	All other revenue						
	e	<b>Total.</b> Add lines 11a-11d			30,159.			
12	<b>Total revenue.</b> See instructions.			672,431.	30,600.	0.	23,887.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	483,935.	483,935.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	50,095.	20,038.	20,038.	10,019.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	73,310.	48,690.	24,447.	173.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	18,160.	11,780.	6,034.	346.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	9,708.		9,708.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	8,437.	7,018.	1,419.	
12 Advertising and promotion				
13 Office expenses	6,344.	2,437.	3,271.	636.
14 Information technology	1,901.			1,901.
15 Royalties				
16 Occupancy	11,103.	5,268.	4,789.	1,046.
17 Travel	2,449.	1,113.		1,336.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	78.	37.	41.	
20 Interest	81.		81.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,270.		1,270.	
23 Insurance	3,089.	2,860.	229.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>BANK AND CREDIT EXPENSE</b>	11,524.	8,865.	2,659.	
b <b>TAXES</b>	3,306.	2,447.	859.	
c <b>EXCHANGE RATE</b>	2,175.		2,175.	
d <b>MISCELLANEAUS</b>	1,173.	331.	529.	313.
e <b>VOLUTEER EXPENSES</b>	1,041.	1,041.		
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	689,179.	595,860.	77,549.	15,770.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	95,554.	1	155,293.
	2	Savings and temporary cash investments	37,537.	2	14,692.
	3	Pledges and grants receivable, net	63,880.	3	17,520.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,718.		
	b	Less. accumulated depreciation	3,293.	10c	425.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	4,808.	15	5,261.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	203,475.	16	193,191.	
Liabilities	17	Accounts payable and accrued expenses	25,406.	17	17,458.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	0.	25	14,412.
	26	<b>Total liabilities.</b> Add lines 17 through 25	25,406.	26	31,870.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	31,583.	27	54,977.
	28	Temporarily restricted net assets	146,486.	28	106,344.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	178,069.	33	161,321.	
34	<b>Total liabilities and net assets/fund balances</b>	203,475.	34	193,191.	

**Part XI Financial Statements and Reporting**

	Yes	No
<p><b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____                      If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>		
<p><b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?</p>		X
<p><b>b</b> Were the organization's financial statements audited by an independent accountant?</p>		X
<p><b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?                      If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>		
<p><b>d</b> If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:  <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		
<p><b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		X
<p><b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Form 990 (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization **HELARGENTINA** Employer identification number **55-0790450**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  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 exempt 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). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	256,378.	479,209.	523,606.	876,262.	649,240.	2784695.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	256,378.	479,209.	523,606.	876,262.	649,240.	2784695.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						49,814.
6 Public support. Subtract line 5 from line 4						2734881.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	256,378.	479,209.	523,606.	876,262.	649,240.	2784695.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,031.	4,712.	3,582.	4,124.	517.	19,966.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						2804661.
12 Gross receipts from related activities, etc. (see instructions)					12	45,000.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.51	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.78	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public Inspection

Name of the organization

**HELARGENTINA**

Employer identification number

**55-0790450**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
 

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
  - If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
 

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	2,544.		2,119.	425.
e Other	1,174.		1,174.	0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				425.



<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	672,431.
2	Total expenses (Form 990, Part IX, column (A), line 25)	689,179.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-16,748.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-16,748.

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  **X**  
 Use Schedule F-1 (Form 990) if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	TO HELP STRENGTHEN THE STATE'S CAPACITY TO RESPOND TO CITIZEN'S NEEDS BY TO ASSIST RURAL COMMUNITIES MEMBERS IN DEVELOPING AND IMPLEMENTING	192,951.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TO DEVELOP THE POTENTIAL OF YOUTH FROM THE LEAST FORTUNATE SECTORS OF	34,332.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TO PROMOTE THE FORMATION AND DEVELOPMENT OF A NEW POLITICAL LEADERSHIP,	31,864.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TO PROMOTE THE TRAINING OF YOUNG COMMUNITY LEADERS WITHIN SPACES FOR	22,619.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TO IMPROVE EDUCATION IN THE HUNDRED MOST DISADVANTAGED PUBLIC SCHOOLS IN ARGENTINA	19,368.	WIRE TRANSFER	0.		
		SOUTH AMERICA	SUPPORTING ST. GEORGE'S COLLEGE & ST. GEORGE'S COLLEGE NORTH AND THE	15,000.	WIRE TRANSFER	0.		
		SOUTH AMERICA	TO PROVIDE EQUAL EDUCATION OPPORTUNITIES THROUGH PROGRAMS THAT	14,714.	WIRE TRANSFER	0.		
		SOUTH AMERICA		12,544.	WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities



**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO HELP STRENGTHEN THE STATE'S CAPACITY TO RESPOND TO CITIZEN'S NEEDS BY PROMOTING THE DEVELOPMENT OF "PUBLIC ENTREPRENEURS" AND THE IMPLEMENTATION OF EFFECTIVE POLICIES AND PRACTICES IN THE PUBLIC SECTOR; DEVELOPING AND DISSEMINATING TOOLS THAT ENABLE CIVIL SOCIETY TO INCREASE ITS ABILITY TO MONITOR AND EVALUATE STATE POLICIES; SERVING AS A PERMANENT SOURCE OF CONSULTING ON PUBLIC POLICIES, AND TO CONTRIBUTE TO THE PUBLIC DEBATE WITH INNOVATIVE AND CREATIVE PROPOSALS; CARRYING OUT RESEARCH PROJECTS THAT COMPLEMENT THE WORK OF OTHER THINK-TANKS AND RESEARCH CENTERS FOR THE PURPOSE OF GAINING A DEEPER UNDERSTANDING OF THE FUNDAMENTAL PROBLEMS OF ARGENTINA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO ASSIST RURAL COMMUNITIES MEMBERS IN DEVELOPING AND IMPLEMENTING SOLUTIONS, THAT RESULT IN SIGNIFICANT IMPROVEMENTS TO THEIR SOCIAL AND ECONOMIC WELL-BEING, AND WHICH ARE SELF-SUSTAINABLE OVER THE LONG TERM

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO DEVELOP THE POTENTIAL OF YOUTH FROM THE LEAST FORTUNATE SECTORS OF SOCIETY, WHILE ALSO ATTEMPTING TO CREATE FUTURE COMMUNITY LEADERS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PROMOTE THE FORMATION AND DEVELOPMENT OF A NEW POLITICAL LEADERSHIP, BASED ON A DEFINED COUNTRY VISION, A SET OF SHARED VALUES, PRINCIPLES AND CONDUCT, PROVIDING SUPPORT AND ASSISTANCE TO

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

POLITICIANS THAT HAVE A TRUE COMMITMENT AND SENSE OF RESPONSIBILITY REGARDING PUBLIC AFFAIRS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PROMOTE THE TRAINING OF YOUNG COMMUNITY LEADERS WITHIN SPACES FOR PARTICIPATION AND ACTION, MOTIVATING SUSTAINABLE PARTICIPATORY STRATEGIES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO IMPROVE EDUCATION IN THE HUNDRED MOST DISADVANTAGED PUBLIC SCHOOLS IN ARGENTINA AND TO CONSTRUCT MODELS OF SCHOOL IMPROVEMENT THAT MAY CONTRIBUTE TO PUBLIC EDUCATION POLICIES AT GREATER SCALE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SUPPORTING ST. GEORGE'S COLLEGE & ST. GEORGE'S COLLEGE NORTH AND THE WELL-BEING OF ITS PUPILS, THEREBY CONTRIBUTING TO THE SCHOOL INTEGRAL DEVELOPMENT ACCORDING TO THE PRECEPTS ESTABLISHED BY ITS FOUNDERS

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PROVIDE EQUAL EDUCATION OPPORTUNITIES THROUGH PROGRAMS THAT ENCOURAGE SCHOOL INCLUSION AND IMPROVE THE QUALITY OF THE EDUCATION OFFERED TO CHILDREN FROM LOW-INCOME FAMILIES IN ARGENTINA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: PROJECT LA COLIFATA ADDRESSES THE MEDIA TO PROMOTE SPACES IN MENTAL HEALTH IN BOTH CLINICAL AND COMMUNITY; MENTAL HEALTH FOR

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information

PATIENTS IN A DEVICE THAT CONTAINS THEM CALLED RADIO GROUP (DRG)

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: DEVELOPMENT OF SCIENTIFIC RESEARCH PROGRAMS. THIS IS DONE BOTH BY THE ADMINISTRATION OF SUBSIDIES GIVEN TO RESEARCHERS AND BY GRANTING SCHOLARSHIPS TO THE GRADUATED STUDENTS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO BUY AND INSTALL EQUIPMENT TO IMPROVE CARE IN THE RESPIRATORY AND CARDIOLOGY DISEASES

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO OFFER EDUCATION AND TWO DAILY MEALS TO MORE THAN 1100 CHILDREN LIVING IN LA CAVA SLUM IN BUENOS AIRES

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO RENOVATE THE NUESTRA SEORA DE LA PAZ SCHOOL BUILDING DUE TO THE FACT THAT THE CURRENT STRUCTURE IS IN A STATE OF DECAY AND DOES NOT FULFILL THE CURRENT NEEDS OF THE INSTITUTION. THE PROJECT INCLUDES: CONSTRUCTION OF A LARGE MULTI-PURPOSE ROOM, SANITARY INSTALLATIONS AND PAINTING, ELECTRICAL INSTILLATIONS, AND TEACHERS LOUNGE AND MEETING SPACE

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PROMOTE SOLIDARITY AMONG MEMBERS OF ARGENTINE SOCIETY. THE PROGRAMS AIM TO PROMOTE PRODUCTIVE PROJECTS OR ANY OTHER COMMUNITY ACTIVITY TO IMPROVE THE CONDITIONS OF LIFE OF NATIVE PEOPLE. AT THE SAME TIME, IT AIMS TO CARRY OUT CULTURAL ACTIVITIES TO PROMOTE THE

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

CULTURE OF THE INDIGENOUS PEOPLE OF ARGENTINA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO DEVELOPE A COMMUNITARIAN AND SOLIDARITY CULTURE, THROUGH EDUCATION, JOB AND EXERCISE OF CITIZENSHIP

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO PROMOTE READING AND LITERACY AMONGST CHILDREN IN ARGENTINA, GENERATING A LONG-LASTING AND POSITIVE IMPACT IN THEIR PERSONAL DEVELOPMENT TO FACILITATE THEIR SOCIAL INCLUSION.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT SCIENTIFIC STUDIES, TO SUPPORT AND SERVICE TO PEOPLE LIVING WITH HIV/AIDS; CAMPAIGNS AND PROJECTS WITH A FOCUS ON PREVENTION.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO GIVE CHILDREN WITH HEARING DISABILITIES THE POSSIBILITY TO DEVELOP, PROVIDING AN INTEGRATED EDUCATION BASED ON THE COMBINED HEARING- TALKING APPROACH

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT AN INTEGRAL CENTER FOR CHILD ASSISTANCE WHERE CHILDREN FROM 45 DAYS TO 13 YEARS ARE ATTENDED, PROVIDING THOSE SUPPLEMENTAL MEALS, AFTER SCHOOL SUPPORT AND RECREATIONAL ACTIVITIES. THERE ARE ALSO SEVERAL TRAINING WORKSHOPS FOR WOMEN AND YOUNGSTERS ABOUT ISSUES OF GENERAL INTEREST WHICH AIM TO PROVIDE AN OPEN SPACE FOR THINKING AND REFLECTING ON ACTIONS THAT CAN PREVENT THE MOST CONCERNING

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

ACTUAL ISSUES.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO INTEGRATE SENIORS WITH GROUPS OF YOUTHS FROM NEUQUEN, ALONG WITH DIFFERENT ABILITIES, AND ECOURAGE THEM TO WORK TOGETHER IN ORDER TO SOLVE COMMUNITY PROBLEMS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: "TO SUPPORT THE DEVELOPMENT OF THE RURAL COMMUNITIES IN THE WEST OF PATAGONIA, THROUGH THE FOLLOWING PROGRAMS: SAN IGNACIO EDUCATIONAL CENTER, PROGRAM OF RURAL DEVELOPMENT IN MAPUCHE COMMUNITIES IN NEUQUEN, PROGRAM FOR CREATION OF AN AGRO TECHNICAL SCHOOL WITH HOSTELS IN CHOLILA.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO SUPPORT ECONOMICS AND TECHNIQUES INNOVATIVE PROJECTS CREATED FOR SOCIAL ENTREPRENEURS OF CAPITAL FEDERAL AND BUENOS AIRES. THE FUND IS USED TO DEVELOP AN AREA OF DESIGN, SELLS AND ACCOUNTANT TO IMPROVE THE INSTITUTIONAL PROCESS.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: ENCOURAGE THE PARTICIPATION OF ELDERY ADULTS THROUGH SUBSEQUENT CALLS FOR REGIONAL DIETS, AND RESCUE THE CULLINARY ART OF THE ANCESTRAL DIET, REDIFINING OLD AGE FOR ITS POPULAR WISDOM

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO BUILD DEMOCRATIC CITIZENSHIP THROUGH SPORTIVE ACTIVITIES; SOCCER IN PARTICULAR. BESIDES, THE RECREATIONAL ACTIVITIES

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

THE PROGRAM IS COMPOSED BY OTHER COMPONENTS: LEADERSHIP; GENDER; CIVIC PARTICIPATION AND HEALTH CARE.

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: THIS PROJECT AIMS TO RECONSIDER THE LABOUR EXPERIENCE AND KNOWLEDGE OF THE ELDERY AND SHARE IT WITH YOUNG PEOPLE

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: TO WORK WITH CHILDREN AND THEIR FAMILIES, BELONGING TO THE MOST VULNERABLE GROUPS OF THE COMMUNITY, THROUGH SCHOOL SUPPORT WORKSHOPS, MARKETS, SPORTS, CRAFTS, HUMAN RIGHTS, AND JOURNALISM.

(A) REGION:

THIS PROGRAM PROVIDES ECONOMIC RESOURCES TO CHILDREN THAT ASSIST TO THE TH (D) PURPOSE OF GRANT: THIS PROGRAM PROVIDES ECONOMIC RESOURCES TO CHILDREN THAT ASSIST TO THE THE ORGANIZATION'S EDUCATIONAL PROGRAM.

(A) REGION:

TO PROMOTE COMMUNITY DEVELOPMENT THROUGH THE IMPROVEMENT OF THE CONDITIONS

(D) PURPOSE OF GRANT: TO PROMOTE COMMUNITY DEVELOPMENT THROUGH THE IMPROVEMENT OF THE CONDITIONS IN CULTURAL, SOCIAL AND ECONOMIC LIFESTYLE, PROVIDING THE RESOURCES TO ACHIEVE THOSE OBJECTIVES, SUCH AS BOOK LOANS AND/OR OTHER MATERIALS, READING AND RESEARCH ROOMS, CULTURAL ACTIVITIES, SUPPORT TO ALL EDUCATIONAL ACTIVITY, PROVIDE THE NECESSARY RESOURCES TO IMPROVE COMMUNITY ACTIONS, CREATION AND PROMOTION OF ARTISTIC, CULTURAL AND PRODUCTIVE ENTREPRENEURSHIPS, IN ORDER TO OBTAIN AN OCCUPATION BASED ON ONESELF, FAMILY OR ASSOCIATION AND OTHER LEGAL ACTIVITY THAT IS IN BENEFIT OF THE ORGANIZATION AND/OR THE LOCAL COMMUNITY (IF THE NECESSARY

**Part IV** Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

RESOURCES AND APPROPRIATE CONDITIONS EXIST).

HELPARGENTINA MONITORS THE RECIPIENTS OF ITS GRANTS VIA THE FOLLOWING STEPS

WRITTEN AGREEMENT ON USE OF FUNDS ○EACH ORGANIZATION MUST SIGN AN AGREEMENT WHICH DETAILS THE CHARITABLE PROGRAMS FOR WHICH THE FUNDS CAN BE USED.

ANNUAL REPORT ○EACH ORGANIZATION MUST PROVIDE AN ANNUAL REPORT ON THE USE OF THE FUNDS RECEIVED. HELPARGENTINA PROVIDES A STANDARDIZED FORMAT THAT THE ORGANIZATIONS MUST USE IN WHICH THEY REPORT THE ALLOCATION OF THE FUNDS RECEIVED AMONG THEIR PROGRAMS AND DETAIL THE EXPENSES BY CATEGORY. THIS REPORT MUST BE ACCOMPANIED BY THE ORGANIZATION'S MOST RECENT ANNUAL REPORT, BALANCE SHEET, INCOME STATEMENT AND A LIST OF THE OFFICERS AND EXECUTIVES OF THE ORGANIZATION.

PATRIOT ACT COMPLIANCE ○HELPARGENTINA REVIEWS THE REQUIREMENTS OF THE PATRIOT ACT ANNUALLY WITH EACH GRANT RECIPIENT AND EACH ORGANIZATION MUST SIGN THE PATRIOT ACT DISCLOSURE STATEMENT.

SITE VISITS AND MEETINGS ○THROUGHOUT THE YEAR HELPARGENTINA HOLDS MEETINGS WITH GRANT RECIPIENTS AND MAKES SITE VISITS THAT ALLOW HELPARGENTINA TO STAY UPDATED ON DEVELOPMENTS WITH THE ORGANIZATION AND INFORMED AS TO THE PROGRESS OF THE PROGRAMS BEING FINANCED WITH ITS GRANTS.

55-0790450

HEL PARAGUAY

Schedule F-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	PROJECT LA COLIFATA ADDRESSES THE MEDIA TO PROMOTE SPACES IN MENTAL HEALTH IN BOTH DEVELOPMENT OF SCIENTIFIC RESEARCH PROGRAMS. THIS IS DONE BOTH BY THE TO BUY AND INSTALL EQUIPMENT TO IMPROVE CARE IN THE RESPIRATORY AND TO OFFER EDUCATION AND TWO DAILY MEALS TO MORE THAN 1100 CHILDREN LIVING IN LA TO RENOVATE THE NUESTRA SEORA DE LA PAZ SCHOOL BUILDING DUE TO THE FACT THAT TO PROMOTE SOLIDARITY AMONG MEMBERS OF ARGENTINE SOCIETY. THE PROGRAMS AIM TO TO DEVELOPE A COMMUNITARIAN AND SOLIDARITY CULTURE, THROUGH EDUCATION, TO PROMOTE READING AND LITERACY AMONGST CHILDREN IN ARGENTINA, GENERATING TO SUPPORT SCIENTIFIC STUDIES, TO SUPPORT AND SERVICE TO PEOPLE LIVING WITH HIV/AIDS;	9,908.	WIRE TRANSFER	0.		
			SOUTH AMERICA		9,405.	WIRE TRANSFER	0.		
			SOUTH AMERICA		9,354.	WIRE TRANSFER	0.		
			SOUTH AMERICA		8,769.	WIRE TRANSFER	0.		
			SOUTH AMERICA		8,561.	WIRE TRANSFER	0.		
			SOUTH AMERICA		6,757.	WIRE TRANSFER	0.		
			SOUTH AMERICA		6,555.	WIRE TRANSFER	0.		
			SOUTH AMERICA		5,532.	WIRE TRANSFER	0.		
			SOUTH AMERICA		4,960.	WIRE TRANSFER	0.		

55-0790450

HEL PARAGENTINA

Schedule F-1 (Form 990) 2009

Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)							
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	TO GIVE CHILDREN WITH HEARING DISABILITIES THE POSSIBILITY TO DEVELOP, PROVIDING AN	4,425.	WIRE TRANSFER	0.		
			SOUTH AMERICA	TO SUPPORT AN INTEGRAL CENTER FOR CHILD ASSISTANCE WHERE CHILDREN FROM	4,361.	WIRE TRANSFER	0.		
			SOUTH AMERICA	TO INTEGRATE SENIORS WITH GROUPS OF YOUTHS FROM NEUQUEN, ALONG WITH DIFFERENT	4,178.	WIRE TRANSFER	0.		
			SOUTH AMERICA	"TO SUPPORT THE DEVELOPMENT OF THE RURAL COMMUNITIES IN THE WEST OF	3,713.	WIRE TRANSFER	0.		
			SOUTH AMERICA	TO SUPPORT ECONOMICS AND TECHNIQUES INNOVATIVE PROJECTS CREATED FOR SOCIAL	3,500.	WIRE TRANSFER	0.		
			SOUTH AMERICA	FIGHTING HUNGER IN POOR COMMUNITIES IN PROVINCE OF SALTA	3,319.	WIRE TRANSFER	0.		
			SOUTH AMERICA	ENCOURAGE THE PARTICIPATION OF ELDERLY ADULTS THROUGH SUBSEQUENT CALLS FOR	3,133.	WIRE TRANSFER	0.		
			SOUTH AMERICA	TO BUILD DEMOCRATIC CITIZENSHIP THROUGH SPORTIVE ACTIVITIES; SOCCER IN PARTICULAR.	3,022.		0.		
			SOUTH AMERICA	THIS PROJECT AIMS TO RECONSIDER THE LABOUR EXPERIENCE AND KNOWLEDGE OF THE	2,611.		0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SOUTH AMERICA	TO WORK WITH CHILDREN AND THEIR FAMILIES, BELONGING TO THE MOST VULNERABLE GROUPS OF	2,442.		0.		
			PROMOTING SOLIDARITY AND SOCIAL VOLUNTEERING IN ARGENTINA	PROMOTING SOLIDARITY AND SOCIAL VOLUNTEERING IN ARGENTINA	2,374.		0.		
			THIS PROGRAM PROVIDES ECONOMIC RESOURCES TO CHILDREN THAT ASSIST TO PROMOTE COMMUNITY DEVELOPMENT THROUGH THE	THIS PROGRAM PROVIDES ECONOMIC RESOURCES TO CHILDREN THAT ASSIST TO THE THE	2,373.		0.		
			TO PROMOTE COMMUNITY DEVELOPMENT THROUGH THE IMPROVEMENT OF THE CONDITIONS IN	TO PROMOTE COMMUNITY DEVELOPMENT THROUGH THE IMPROVEMENT OF THE CONDITIONS IN	2,034.		0.		



**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		COCKTAIL EVENT		NONE		
Revenue		(event type)	(event type)	(total number)		
1	Gross receipts	36,265.			36,265.	
2	Less: Charitable contributions	25,882.			25,882.	
3	Gross income (line 1 minus line 2)	10,383.			10,383.	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	9,100.			9,100.
	7	Food and beverages	350.			350.
	8	Entertainment	2,550.			2,550.
	9	Other direct expenses	379.			379.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 12,379 )
11	Net income summary. Combine line 3, column (d), and line 10				-1,996.	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			( )
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in a The organization's facility	<b>13a</b>	%	
b An outside facility	<b>13b</b>	%	
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶ _____  Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?	<b>15a</b>		
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ . c If "Yes," enter name and address of the third party:  Name ▶ _____  Address ▶ _____			
<b>16</b> Gaming manager information.  Name ▶ _____  Gaming manager compensation ▶ \$ _____  Description of services provided ▶ _____ _____ _____  <input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	<b>17a</b>		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

Name of the organization: **HEL PARGENTINA** Employer identification number: **55-0790450**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <u>SALARY</u> )	X	7	0.	BASED UPON THE SALAR
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2009

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

HELARGENTINA

Employer identification number

55-0790450

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SPECIFIC NONPROFIT MEMBER ORGANIZATION.

HELARGENTINA'S MISSION IS TO STRENGTHEN ARGENTINE NGOS, AND TO SUPPORT  
THIS GOAL WE WORK IN THE DEVELOPMENT AND PROMOTION OF SHARED CRITERIA  
FOR ACCOUNTABILITY. WE DEVELOPED "RENDIR CUENTAS PARA DARSE CUENTA", A  
SELF-EVALUATION TOOL FOR CIVIL SOCIETY ORGANIZATIONS WHOSE OBJECTIVE IS  
THE PROMOTION OF THE PRINCIPLES OF ACCOUNTABILITY.

PROGRAM OBJECTIVES ARE:

① IMPRESS UPON THE ARGENTINE SOCIAL SECTOR THE URGENCY AND  
IMPORTANCE OF WORKING IN AN EFFICIENT MANNER WITH A FOCUS ON GOOD  
MANAGEMENT AND TRANSPARENCY;

① ESTABLISH SIMPLE CRITERIA THAT REFLECTS THE NATURE OF ARGENTINE  
SOCIAL ORGANIZATIONS AND ALLOWS AN EFFECTIVE EVALUATION, DIAGNOSIS,  
RECORD AND ANALYSIS OF ORGANIZATIONAL PERFORMANCE, AND

① PROMOTE THE CREATION AND STRENGTHENING OF OSC NETWORKS INTERESTED  
IN TRANSPARENCY AND ACCOUNTABILITY.

THESE PRINCIPLES WERE DEVELOPED IN A COLLECTIVE AND CONSENSUAL WAY WITH  
THE PARTICIPATION OF THE ARGENTINA SOCIAL SECTOR. THE PROCESS WAS  
DESIGNED WITH THE FOLLOWING DISTINCT PHASES:

① CONSULTANCY WITH AND APPROVAL BY, APPROXIMATELY 50 MEMBERS OF THE  
ARGENTINE SOCIAL SECTOR INCLUDING DONORS, ACADEMICS AND MANAGEMENT OF  
ORGANIZATIONS AND PROJECTS.

① REGIONAL MEETINGS IN THE NORTH WEST (JUJUY AND TUCUMÁN), CORDOBA,  
BARILOCHE AND MENDOZA.

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

HELARGENTINA

Employer identification number

55-0790450

PILOT TEST OF THE TOOL BY 100 ARGENTINE ORGANIZATIONS THAT WILL USE  
IT TO CARRY OUT A SELF DIAGNOSIS AND THEN COMPLETE A SURVEY ALLOWING  
THEM TO EVALUATE THE TOOL.

**SOCIAL INVESTMENT ASSESSMENT**

HELARGENTINA PROVIDES EXPERT ADVICE TO INDIVIDUALS, FOUNDATIONS AND  
CORPORATIONS SEEKING TO MAKE SOCIAL INVESTMENT IN ARGENTINA.

HELARGENTINA WORKS WITH THE SOCIAL INVESTOR TO DEFINE THEIR GOALS,  
IDENTIFY EFFECTIVE ORGANIZATION OR PROJECTS THAT ARE WORKING TO ADDRESS  
THE ISSUE IDENTIFIED, FACILITATES THE DONATION AND MONITORS THE RESULTS  
OF THE PROJECT/INVESTEMENT

**PROJECT IMPLEMENTATION SUPPORT**

HELARGENTINA PROVIDES SPECIALIZED PROJECT SUPPORT SERVICES TO SOCIAL  
INVESTORS INTERESTED IN IMPLEMENTING A SPECIFIC PROJECT. THESE  
SERVICES CAN INCLUDE FUNDRAISING SUPPORT, FUNDING MANAGEMENT AND  
REPORTING.

**FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:**

INTERNATIONAL EXPERIENCES FOR ITS PARTICIPANTS AND TO ASSIST ITS  
NETWORK OF ARGENTINE NON PROFIT ORGANIZATIONS WITH BOTH HUMAN AND  
FINANCIAL RESOURCES. THE PROGRAM COMPONENTS CONSIST OF PRE PROGRAM AND  
POST PROGRAM ASSISTANCE, ON-SITE COORDINATION AND SUPPORT,  
ORIENTATIONS, PROJECT MANAGEMENT, AND EVALUATIONS.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

HELARGENTINA

Employer identification number

55-0790450

INSIGHTARGENTINA HAS RECEIVED MORE THAN 500 VOLUNTEERS SINCE 2005.

THESE VOLUNTEERS HAVE BENEFITED MORE THAN 30 ARGENTINE MEMBER

ORGANIZATIONS, HAVE BECOME FUND-RAISERS AND DONORS FOR THEIR

HOST-ORGANIZATIONS AFTER THEY RETURN HOME TO THEIR RESPECTIVE

COUNTRIES, AND HAVE FORMED PART OF AN EXPANSIVE NETWORK THAT SPANS

MORE THAN 30 COUNTRIES.

FORM 990, PART VI, SECTION A, LINE 8B: THERE IS NONE. ALL THE DECISION ARE  
TAKEN BY THE GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11: PART VI LINE 10: THE FORM 990 IS  
REVIEWED BEFORE IT IS FILED BY THE EXECUTIVE DIRECTOR, THE TREASURER AND  
ANY OTHER DIRECTOR WHO REQUEST TO DO SO.

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS ARE AVAILABLE  
UPON REQUEST , WITH THE APPROVAL OF MANAGEMENT. FINANCIAL STATEMENTS ARE  
AVAILABLE IN OUR WEB SITE.

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

▶ File a separate application for each return

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

**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).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>	Name of Exempt Organization <b>HELARGENTINA</b>	Employer identification number <b>55-0790450</b>
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. <b>712 5TH AVENUE FL 8</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>NEW YORK, NY 10019</b>	

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

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-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 |

**ELISA GASSMAN**

- The books are in the care of ▶ **712 5TH AVENUE FL 8 - NEW YORK, NY 10019**  
 Telephone No. ▶ **(646) 472-5188** 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 will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year **2009** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	<b>3a</b>	\$	
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.	<b>3b</b>	\$	
c <b>Balance Due.</b> 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.	<b>3c</b>	\$	N/A

**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

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 4-2009)

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

<b>Part II</b>		<b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print  File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	HELARGENTINA		55-0790450
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	712 5TH AVENUE FL 8		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NEW YORK, NY 10019		

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

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

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

**ELISA GASSMAN**

- The books are in the care of **712 5TH AVENUE FL 8 - NEW YORK, NY 10019**
- Telephone No. **(646) 472-5188** 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 **NOVEMBER 15, 2010.**

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

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  
**AUDIT OF FINANCIAL RECORDS IS IN PROGRESS, THE INFORMATION NEEDED TO PREPARE. A COMPLETE AND ACCURATE RETURN IS BEING COMPLIED.**

<b>8a</b> 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.	8a	\$	
<b>b</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.	8b	\$	
<b>c Balance Due.</b> 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.	8c	\$	N/A

**Signature and Verification**

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

Signature **Nina Bahazh** Title **ACCOUNTANT** Date **08/06/2010**