

**Short Form**  
**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)  
▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year  
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

**Open to Public Inspection**

**A** For the 2003 calendar year, or tax year beginning January 1, 2003, and ending December 31, 20 **03**

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

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**HELARGENTINA**

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**1220 Park Avenue 12A**

City or town, state or country, and ZIP + 4  
**New York, NY 10128**

**D** Employer identification number  
**55 : 0790450**

**E** Telephone number  
**( 646 ) 249-3574**

**F** Group Exemption Number . . . ▶

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

**G** Accounting method  Cash  Accrual  
Other (specify) ▶

**I** Website: ▶ www.HelpArgentina.org

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ or 990-PF)

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

**K** Check  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **68,084**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 37 of the instructions)

Revenue	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	68,042
	2	Program service revenue including government fees and contracts . . . . .	2	---
	3	Membership dues and assessments . . . . .	3	42
	4	Investment income . . . . .	4	---
	5a	Gross amount from sale of assets other than inventory . . . . .	5a	---
	5b	Less cost or other basis and sales expenses . . . . .	5b	---
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	---
	6	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>	6	---
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	---
Expenses	6b	Less direct expenses other than fundraising expenses . . . . .	6b	---
	6c	Net income or (loss) from special events and activities (line 6a less line 6b) . . . . .	6c	---
	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	---
	7b	Less cost of goods sold . . . . .	7b	---
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b) . . . . .	7c	---
	8	Other revenue (describe ▶ --- ) . . . . .	8	---
	9	<b>Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) . . . . .	9	68,084
	10	Grants and similar amounts paid (attach schedule) . . . . .	10	6,650
	11	Benefits paid to or for members . . . . .	11	---
Net Assets	12	Salaries, other compensation, and employee benefits . . . . .	12	---
	13	Professional fees and other payments to independent contractors . . . . .	13	6,812
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	2,069
	15	Printing, publications, postage, and shipping . . . . .	15	1,566
	16	Other expenses (describe ▶ <b>Misc. Office Expenses</b> ) . . . . .	16	4,441
	17	<b>Total expenses</b> (add lines 10 through 16) . . . . .	17	21,538
	18	Excess or (deficit) for the year (line 9 less line 17) . . . . .	18	46,546
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	1,201	
20	Other changes in net assets or fund balances (attach explanation) . . . . .	20	---	
21	<b>Net assets or fund balances at end of year</b> (combine lines 18 and 19) . . . . .	21	47,747	

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ

(See page 40 of the instructions)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments . . . . .	1,201	47,747
23 Land and buildings . . . . .	---	---
24 Other assets (describe ▶ --- ) . . . . .	---	---
25 <b>Total assets</b> . . . . .	1,201	47,747
26 <b>Total liabilities</b> (describe ▶ --- ) . . . . .	---	---
27 <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	1,201	47,747

SCANNED MAY 27 2004

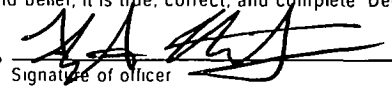
**RECEIVED**  
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**OGDEN, UT**  
IRS-OS

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? <b>See Attachment A-1</b>			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	See Attachment A-1	(Grants \$ ---)	28a ---
29	See attachment A-2	(Grants \$ 6,250.12)	29a 400
30		(Grants \$ )	30a
31	Other program services (attach schedule)	(Grants \$ )	31a
32	Total program service expenses (add lines 28a through 31a)		32 400

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated See page 41 of the instructions)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Lloyd Lorch Nimetz, 1220 Park Avenue, suite 12A, New York, NY 10128	President, 50 hrs	0	NA	NA
Julian Francisco Bedel, Cerviño 3919, 2B (C1425AGI) Ciudad de Buenos Aires, Argentina	Vice President, 1 hr	0	NA	HA
María Carolina Añino, Maipú 359, p12, dto - 140 (1006) Ciudad de Buenos Aires, Argentina	Secretary, 1 hr	0	NA	NA

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		✓
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		✓
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶		
b	501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed ▶ New York		
42	The books are in care of ▶ Lawrence Kreig Telephone no ▶ ( 781 ) 284-2600 Located at ▶ 190 VFW Parkway / Revere, MA ZIP + 4 ▶ 02151		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶   43		

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

Please Sign Here:  Signature of officer | Date MAY 7, 2004

Lloyd Nimetz, President  
Type or print name and title

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Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed , Preparer's SSN or PTIN (See Gen Inst V), EIN, Phone no



**ATTACHMENT A-1** (see line 28)

Exempt Purpose: *to increase global awareness of the unprecedented conditions of poverty, hunger and malnutrition facing the Argentine population.* In the first year of operation, HelpArgentina has mobilized an international network of volunteers (128), donors (90) and informal alliances with Argentine foreign businesses and organizations. HelpArgentina established the technological and administrative platform, both on and offline, by which to achieve its goal of a sustainable international network promoting Argentine social development.

**ATTACHMENT A-2** (see line 29)

Exempt Purpose: *to mitigate, and provide relief, problems generated by hunger and malnutrition in Argentina* Fruits and Vegetable Collection Project of Fundacion Banco de Alimentos was financed. In Buenos Aires, 3,673 hungry and impoverished Argentines incorporated fruits and vegetables into their diets. Iron Supplement and Aniti-parasite Program of Fundacion CONIN. In Mendoza, 106 malnourished babies treated. Agricultural School- El Surco of Fundacion ProVivienda social. 36 food kitchens taught self-sustainable agricultural skills to apply to their own new gardens.

Grants: US\$6,250.12, Expenses: US\$400