

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)

2004

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning **01/01/04** and ending **12/31/04**

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

C Name of organization: **HELP ARGENTINA**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1220 Park Avenue 12 A
 City or town, state or country, and ZIP + 4
New York, NY 10128

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

E Telephone number: (**646**) **472-5188**

F Accounting method: Cash Accrual
 Other (specify) ▶

G Web site: ▶ **www.HelpArgentina.org**

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

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **134,367**

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶
M Check if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		128,804	
	b Indirect public support	1b		0	
	c Government contributions (grants)	1c		0	
	d Total (add lines 1a through 1c) (cash \$ 128,804 noncash \$ 0)	1d			128,804
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			5,292
	3 Membership dues and assessments	3			0
	4 Interest on savings and temporary cash investments	4			271
	5 Dividends and interest from securities	5			0
	6a Gross rents	6a		0	
	b Less: rental expenses	6b		0	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe ▶)	7			0	
	8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		0	8a	0	
	b Less: cost or other basis and sales expenses	0	8b	0	
	c Gain or (loss) (attach schedule)	0	8c	0	
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			0	
	9 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a		0	
	b Less: direct expenses other than fundraising expenses	9b		0	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0	
	10a Gross sales of inventory, less returns and allowances	10a		0	
	b Less: cost of goods sold	10b		0	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			0
11 Other revenue (from Part VII, line 103)	11			0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			134,367	
Expenses	13 Program services (from line 44, column (B))	13			114,895
	14 Management and general (from line 44, column (C))	14			23,448
	15 Fundraising (from line 44, column (D))	15			0
	16 Payments to affiliates (attach schedule)	16			0
	17 Total expenses (add lines 16 and 44, column (A))	17			138,343
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-3,976
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			48,150
	20 Other changes in net assets or fund balances (attach explanation)	20			0
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			44,174

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Stmnt 1 (cash \$ 113,289 noncash \$ 0)	113,289	113,289		
23	Specific assistance to individuals (schedule)	0	0		
24	Benefits paid to or for members (schedule)	0	0		
25	Compensation of officers, directors, etc. . . .	0	0	0	0
26	Other salaries and wages	6,644	0	6,644	0
27	Pension plan contributions	0	0	0	0
28	Other employee benefits	0	0	0	0
29	Payroll taxes	0	0	0	0
30	Professional fundraising fees	0	0	0	0
31	Accounting fees	0	0	0	0
32	Legal fees	306	0	306	0
33	Supplies	1,725	0	1,725	0
34	Telephone	2,388	0	2,388	0
35	Postage and shipping	14	0	14	0
36	Occupancy	4,031	0	4,031	0
37	Equipment rental and maintenance	1,105	0	1,105	0
38	Printing and publications	163	0	163	0
39	Travel	1,712	1,606	106	0
40	Conferences, conventions, and meetings	2,239	0	2,239	0
41	Interest	0	0	0	0
42	Depreciation, depletion, etc. (schedule)	0	0	0	0
43	Other expenses not covered above (itemize): a	4,727		4,727	
b	See Statement 2				
c				
d				
e				
44	Total functional expenses (add lines 22 through 43). <i>Organizations completing columns (B)-(D), carry these totals to lines 13-15 .</i>	138,343	114,895	23,448	0

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 24 of the instructions.)

What is the organization's primary exempt purpose? to promote social development in Argentina in order	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a See Statement 3 _____ _____ (Grants and allocations \$ _____)	
b _____ _____ (Grants and allocations \$ _____)	
c _____ _____ (Grants and allocations \$ _____)	
d _____ _____ (Grants and allocations \$ _____)	
e Other program services (attach schedule) (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	114,895

Part IV Balance Sheets (See page 24 of the instructions.)

		Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash- non-interest-bearing			48,150	45	44,174
	46 Savings and temporary cash investments			0	46	0
	47a Accounts receivable	47a	0			
	b Less: allowance for doubtful accounts	47b	0	0	47c	0
	48a Pledges receivable	48a	0			
	b Less: allowance for doubtful accounts	48b	0	0	48c	0
	49 Grants receivable			0	49	0
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			0	50	0
	51a Other notes and loans receivable (attach schedule).	51a	0			
	b Less: allowance for doubtful accounts	51b	0	0	51c	0
	52 Inventories for sale or use			0	52	0
	53 Prepaid expenses and deferred charges			0	53	0
	54 Investments- securities (schedule)			0	54	0
	55a Investments- land, buildings, and equipment: basis	55a	0			
b Less: accumulated depreciation (attach schedule).	55b	0	0	55c	0	
56 Investments- other (attach schedule)			0	56	0	
57a Land, buildings, and equipment: basis	57a	0				
b Less: accumulated depreciation (attach schedule).	57b	0	0	57c	0	
58 Other assets (describe ► _____)			0	58	0	
59 Total assets (add lines 45 through 58) (must equal line 74)			48,150	59	44,174	
Liabilities	60 Accounts payable and accrued expenses			0	60	0
	61 Grants payable			0	61	0
	62 Deferred revenue			0	62	0
	63 Loans from officers, directors, trustees, and key employees (attach schedule).			0		0
	64a Tax-exempt bond liabilities (attach schedule)			0	64a	0
	b Mortgages and other notes payable (attach schedule)			0	64b	0
	65 Other liabilities (describe ► _____)			0	65	0
66 Total liabilities (add lines 60 through 65)			0	66	0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted.				67	
	68 Temporarily restricted				68	
	69 Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds			0	70	0
	71 Paid-in or capital surplus, or land, building, and equipment fund			0	71	0
	72 Retained earnings, endowment, accumulated income, or other funds			48,150	72	44,174
73 Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21).			48,150		44,174	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			48,150	74	44,174	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part VI Other Information (See page 27 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a description of each activity		✓
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		✓
78b	b If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," statement		✓
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		✓
80a	b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0
81b	Did the organization file Form 1120-POL for this year?		✓
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		✓
82a	b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?		✓
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		✓
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		✓
84a	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85b	b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85c	c Dues, assessments, and similar amounts from members	85c	
85d	d Section 162(e) lobbying and political expenditures	85d	
85e	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
85f	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
85g	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
85h	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
86b	b Gross receipts, included on line 12, for public use of club facilities.	86b	
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders.	87a	
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0 ; section 4912 <input type="checkbox"/> 0 ; section 4955 <input type="checkbox"/> 0		
89b	b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.	89b	✓
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.		0
90a	List the states with which a copy of this return is filed <input type="checkbox"/> NY		
90b	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	0
91	The books are in care of <input type="checkbox"/> Lawrence Kreig Telephone no. <input type="checkbox"/> () 781-284-2600 Located at <input type="checkbox"/> 190 VFW Parkway, Revere, MA ZIP + 4 <input type="checkbox"/> 02151		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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 <input type="checkbox"/> 92		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a ILI Program					5,292
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					271
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	5,563
105 Total (add line 104, columns (B), (D), and (E)).					5,563

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	See Statement 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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: **Lloyd Lorch Nimetz, President** Date: **8/17/2005**

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: () _____



SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Name of the organization

HELP ARGENTINA

Employer identification number

55 0790450

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
.....				
.....				
.....				
.....				
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
.....		
.....		
.....		
.....		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	✓
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	✓
b Lending of money or other extension of credit?	2b	✓
c Furnishing of goods, services, or facilities?	2c	✓
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	✓
e Transfer of any part of its income or assets?	2e	✓
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	✓
b Do you have a section 403(b) annuity plan for your employees?	3b	✓
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	✓
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	✓

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ►**
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** An organization that normally receives: **(1) more than 33⅓%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, and **(2) no more than 33⅓%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	68,042	3,432	0	0	71,474
16 Membership fees received	42	0	0	0	42
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	0	0	0	0	0
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	0	0	0	0	0
19 Net income from unrelated business activities not included in line 18	0	0	0	0	0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.	0	0	0	0	0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	0	0	0	0	0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0
23 Total of lines 15 through 22.	68,084	3,432	0	0	71,516
24 Line 23 minus line 17.	68,084	3,432	0	0	71,516
25 Enter 1% of line 23	681	34	0	0	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c
d Add: Amounts from column (e) for lines: 18 _____ 19 _____					26d
22 _____ 26b _____ ▶					26e
e Public support (line 26c minus line 26d total) ▶					26e
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified pers on." Do not file this list with your return. Enter the sum of such amounts for each year:					
(2003) 0 (2002) 0 (2001) 0 (2000) 0					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:					
(2003) 0 (2002) 0 (2001) 0 (2000) 0					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c
17 _____ 20 _____ 21 _____ ▶					27d
d Add: Line 27a total . _____ and line 27b total . _____ ▶					27e
e Public support (line 27c total minus line 27d total). ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). ▶				71,516	27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . ▶					27h

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	The lobbying nontaxable amount is—		
	Not over \$500,000 20% of the amount on line 40.	} 41	}
	Over \$500,000 but not over \$1,000,000 . . . \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000 . . . \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)).					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)).					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	✓	✓	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)	✓	✓	
c Media advertisements	✓	✓	
d Mailings to members, legislators, or the public	✓	✓	
e Publications, or published or broadcast statements	✓	✓	
f Grants to other organizations for lobbying purposes	✓	✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body	✓	✓	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	✓	✓	
i Total lobbying expenditures (Add lines c through h.)			0

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

Statement 1

Form: 990

Page: 2

Part: II

Question: 22

HELP ARGENTINA

55-0790450

Grants and Allocations

Type: Cash
Number of individuals:
Grant Amount \$10,000.00
Classification Charitable
Name: Fundacin para el Desarrollo en Justicia y Paz
Address: Castelli 12 P2 A
City/State/Zip Buenos Aires, Buenos Aires 1031
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$2,000.00
Classification Charitable
Name: Fundacin Redes Solidarias
Address: Posadas 1120 Piso 25 B
City/State/Zip Buenos Aires, Buenos Aires 1011
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$2,000.00
Classification Charitable
Name: Fundacin Daro Rodrigo Lopez Cabana
Address: NA Soto N 114 B Barrio Santa Rosa
City/State/Zip San Salvador de Jujuy, Jujuy 4600
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:

How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$2,000.00
Classification Charitable
Name: Asociacin Amigos Biblioteca Popular San Antonio
Address: Neuqun 650
City/State/Zip Piran, Formosa 3606
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$1,644.00
Classification Charitable
Name: Fundacin Germinare
Address: Av Las Heras 2277
City/State/Zip Buenos Aires, Buenos Aires 1425
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$8,435.00
Classification Charitable
Name: Fundacin Tango Argentino
Address: Soldado de la Frontera 5130 P12 A
City/State/Zip Buenos Aires, Buenos Aires 1439
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$950.00
Classification Charitable

Name: Fundacin Arte Viva
Address: Crdoba 817
City/State/Zip: Buenos Aires, Buenos Aires 1007
Argentina

Relationship: Beneficiary

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$2,813.00
Classification Charitable

Name: Fundacin Banco de Alimentos
Address: Luis Mara Drago 5530
City/State/Zip: San Martn, Buenos Aires 1650
Argentina

Relationship: Beneficiary

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$37,989.00
Classification Charitable

Name: Fundacin CIPPEC
Address: Callao 25 Piso 1
City/State/Zip: Buenos Aires, Buenos Aires 1022
Argentina

Relationship: Beneficiary

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$10,000.00
Classification Charitable

Name: Instituto de Desarrollo Social y Promocin Humana
Address: Av Luis Saenz Pea 277 Piso 5 DtoX
City/State/Zip: Buenos Aires, Buenos Aires 1110
Argentina

Relationship: Beneficiary

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$2,000.00
Classification Charitable
Name: Cooperativa Apcola Apiagro Ltda
Address: San Carlos
City/State/Zip La Banda, Santiago del Estero 4360
Argentina
Relationship: Beneficiary

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$10,000.00
Classification Charitable
Name: Fundacin Obra Claretiana para el Desarrollo
Address: Gobernador Tello 133
City/State/Zip Abra Pampa, Jujuy 4640
Argentina
Relationship: Beneficiary

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$2,000.00
Classification Charitable
Name: Asociacin Cooperadora Hospital Siquiatrico Dr Mi
Address: Av Blas Parera 8430
City/State/Zip Santa Fe, Santa Fe 3000
Argentina
Relationship: Beneficiary

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$10,000.00
Classification Charitable
Name: Fundacin ECOS
Address: La Rioja 572 Piso 8 A
City/State/Zip Corrientes, Corrientes 3400
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$335.00
Classification Charitable
Name: Damas Rosadas
Address: Uriburu 439
City/State/Zip San Isidro, Buenos Aires 1643
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$236.00
Classification Charitable
Name: Asociacin Civil para la Igualdad y la Justicia
Address: Av de Mayo 1161 Piso 5
City/State/Zip Buenos Aires, Buenos Aires 1084
Argentina
Relationship: Beneficiary
Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$10,000.00
Classification Charitable
Name: Centro Obrajeros del Norte

Address: C Pellegrini 422
City/State/Zip Nueva Orn, Salta 4530
Argentina

Relationship: Beneficiary

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Type: Cash
Number of individuals:
Grant Amount \$887.00
Classification Charitable

Name: Fundacin Natal Dafne Flexer
Address: Mansilla 3125
City/State/Zip Buenos Aires, Buenos Aires 1425
Argentina

Relationship: Beneficiaries

Date:
Description of Property:
Book Value of Property:
How Book Value Determined
FMV of Property:
How FMV Determined:

Total Grants: \$113,289.00

Statement 2

Form: 990

Page: 2

Part: II

Question: 43

HELP ARGENTINA

55-0790450

Attachment listing other expenses for Part II

Description	Total:	Pgm Services	Mgt and General	Fundraising
Bank Expenses	\$2,091.00	\$0.00	\$2,091.00	\$0.00
Financial Expenses	\$2,248.00	\$0.00	\$2,248.00	\$0.00
Office furniture	\$388.00	\$0.00	\$388.00	\$0.00
Total:	\$4,727.00	\$0.00	\$4,727.00	\$0.00

Statement 3

Form: 990

Page: 2

Part: III

Question:

HELP ARGENTINA

55-0790450

Program Services

Achievement	Pgm. Svc. Exp.
Community Capacity Building programs: 8 Argentines organizations had funds to improve their programs in: Building Legal Capacity to make Social Rights Effectives, a Law Clinic for poor people; Helping to reduce hunger by storing and distributing donated safe food through a network of partner agencies and educates about the food problem and its solutions; Budget Watchdog, Legislative Observatory, Access to Justice Initiative, Impact on the provincial education policy; Education of 130 children from 45 days to 4 years old in Jardin Maternal Nuestra Seora de los Nios; The Visual Thinking Program, Art for poor people; Procedural Pain Control Program, Support Group for Bereaved Parents, Improve the access to treatment and the quality of care in several centers in Argentina; Change Agents, Godparents program, Community in Action. (7 argentine organizations)	\$53,289.00
Grants and Allocations:	\$53,289.00
Economic Development Programs, GeneralOther: 10 Organizations in the North of Argentina working for Economic Development (200 families)	\$60,000.00
Grants and Allocations:	\$60,000.00
Youth Development Programs, GeneralOther: Youth Development Organizations were survey to a future project (5 Organizations)	\$1,606.00
Grants and Allocations:	\$0.00
Total:	\$114,895.00

Statement 4

Form: 990

Page: 4

Part: V

Question:

HELP ARGENTINA**55-0790450****Officers, Directors, Trustees, and Key Employees**

Name and Address	Title	Hrs	Comp.	Benefits	Expenses
Lloyd Lorch Nimetz 1220 Park Avenue New York, NY 10128 United States	President	50	\$0.00	\$0.00	\$0.00
Julian Francisco Bedel Cervio 3919 2B Buenos Aires, Buenos Aires 1425 Argentina	Vice President	1	\$0.00	\$0.00	\$0.00
Maria Carolina Anio Maipu 359 P12 Dto 140 Buenos Aires, Buenos Aires 1006 Argentina	Secretary	1	\$0.00	\$0.00	\$0.00

Statement 5

Form: 990

Page: 6

Part: VIII

Question:

HELP ARGENTINA

55-0790450

Relationship of Activities

Line No	Relationship of Activities to the Accomplishment of Exempt Purposes
95	Interest for the funds that were in the HelpArgentina's bank account during 2004.
93 a	Use for make a Mapping of the organizations in Argentina that work with young people.

Statement 6

Form: 990

Page: None

Part: None

Question: None

HELP ARGENTINA

55-0790450

Reasonable Cause Explanation

Reasonable Cause Explanation

Missing information needed to file a correct and complete return.