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SCANNED AUG 2 5 2010

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

Inte	mal Re	venue Se	rvice	► The organization may have to use a copy of this return to satisfy state report	rtıng requ	irements_	Inspection
Α	For t	he 200	9 cale	endar year, or tax year beginning and ending	3		
B	Check applica Addr chan	ible Ple ess us	e IRS	C Name of organization	D Employer identification number		
Ē	chan Namı chan	ge lat e pri	oelor Intor	PROJECT PERFECT WORLD FOUNDATION, INC.		04-3	546835
Ē	Initia	al [tyl	pe		m/suite E	Telephone	number
Ē	Tem	nın- Sp		258 HARVARD STREET		801-	330-2344
		nded tio		City or town, state or country, and ZIP + 4	F	Group Exe	emption
		cation	E	BROOKLINE, MA 02446-2904		Number	· ·
	• Se	ction 50)1(c)(3	organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)	Accounting Other (sp	_	X Cash Accrual
Ī	Websi	ite: 🕨	WWW	V.PROJECTPERFECTWORLD.ORG H	Check		the organization is not
J	Tax-ex	cempt st	tatus (d	check only one) $ \times$ 501(c) (3) \blacktriangleleft (insert no) \square 4947(a)(1) or \square 527 re	guired to a	ttach Sched	tule B (Form 990, 990-EZ, or 990-PF)
	Check			e organization is not a section 509(a)(3) supporting organization and its gross receipts are norm			
				m 990 return is not required, but if the organization chooses to file a return, be sure to file a com			
L	Add Iir	nes 5b, 6		7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 99		> \$	285,550.
	art I		venu	ue, Expenses, and Changes in Net Assets or Fund Balances (See	the instruct	tions for Pa	rt I)
	1			s, gifts, grants, and similar amounts received .		1	284,241.
	2			vice revenue including government fees and contracts		2	
	3	•		dues and assessments		3	
	4		ment in			4	1,309.
	5a			nt from sale of assets other than inventory 5a			
	h			other basis and sales expenses 5b			
	~) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
ō	6			is and activities (complete applicable parts of Schedule G). If any amount is from gaming, check	here		
Revenue	a			e (not including \$ of contributions		_	
ě	"	reporte		1 - 1			
ш	h	•		xpenses other than fundraising expenses 6b		-	
	"			,		- 6c	
	70			r (loss) from special events and activities (Subtract line 6b from line 6a) If inventory, less returns and allowances	١	00	
	7a			,,	1.		
	þ			90000000	181	- ,,	
	^C			or (loss) from sales of inventory (Subtract line 7b from line 7a)	101	7c 8	
	8			e (describe Be Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 milar amounts paid (attach schedule)	10 \ \ 3	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	285,550.
_	9			e Add lines 1, 2, 3, 4, 50, 60, 70, and 6	700	10	
	10			milar amounts paid (attach schedule) to or for members r compensation, and employee benefits fees and other payments to independent contractors	TIT	ا 11 الر	
	11		•	to or for members	سبنس	12	
ses	12			r compensation, and employee benefits			
Expens	13			out and other payments to market		13	
Εχ	14			ent, utilities, and maintenance		14	
	15			ications, postage, and shipping es (describe ► SEE STATEME	NT 1	15	218,041.
	16				11/1 1	16	218,041.
	17			es. Add lines 10 through 16			67,509.
ţ	18		•	ficit) for the year (Subtract line 17 from line 9)		18	01,303.
Net Assets	19			fund balances at beginning of year (from line 27, column (A))		10	164,993.
ξ	00	-	_	vith end-of-year figure reported on prior year's return) s in net assets or fund balances (attach explanation) SEE STATEME	NT 3	19	30,000.
ž	20 21			(≥ 21	262,502.
D.	art II			fund balances at end of year Combine lines 18 through 20 Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	ad of Form		202,302.
P	art II	Dai	ance		nning of ye	1	(B) End of year
22	0	h			64,99		172,856.
22			-	· · · · · · · · · · · · · · · · · · ·	U = 1 2 2	23	1121030.
23		d and bu	-	COM COMPANIE O	-	0.24	89,646.
24		er assets			64,99		262,502.
25 26		il assets			01,00	0 - 26	0.
27			•	escribe	64,99		262,502.
9321 02-0	71 71			Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	<u> </u>	21	Form 990-EZ (2009)
02-0	a-10		101 5	itade) una auta i abortante irradontan via transce, see uie sebarare instructions.			

Form 990-EZ

Department of the Treasury

Form 990-EZ (2009) PROJECT PERFECT WORLD FO			<u>U4-</u>	-35468	335 Page
Part III Statement of Program Service Accomplishme		Part III)		_ E	xpenses
What is the organization's primary exempt purpose? SEE STATEMEN'	r 6				or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pu	rposes. In a clear and cond	ise manner, desci	ıbe		4) organizations and 17(a)(1) trusts, optiona
the services provided, the number of persons benefited, and other relevant	nt information for each pro-	gram title		for others)	
28 SEE STATEMENT 5					
]]	
(Grants \$) If this amount includes foreign	grants, check here	>		28a	218,041
29			·		
				1 1	
(Grants \$) If this amount includes foreign	orants, check here	•		29a	
30	<u></u>				
					
(Granta \$) If this amount includes foreign	arante check here	•	Ţ <u></u>	30a	
*	grants, check here		<u> </u>	304	
				24.5	
	grants, check here			31a	218,041.
	Employees		-		
Part IV List of Officers, Directors, Trustees, and Key I	Efficiency Ces. List each one ev	en if not compensated			for Part (V)
	(b) Title and average hours	(c) Compensation		ntributions implovee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
What is the organization's primary exempt purpose? SEE STATEM Describe what was achieved in carrying out the organization's exemple the services provided, the number of persons benefited, and other reads SEE STATEMENT 5 (Grants \$) If this amount includes for the services are provided by the services of the service of the services	position	-0)		eferred	other allowances
			com	pensation	· · · · · · · · · · · · · · · · · ·
	PRESIDENT			•	
	2.00	0.		0.	0.
	VICE PRESIDEN				_
	2.00	0.		0.	0.
	TREASURER/SEC	RETARY		ľ	
LEHIGH ACRES, FL 33971	2.00	0.		0.	0.
PETER M. ALLEN	DIRECTOR				
9450 SOUTH STATE ST, SANDY, UT 84070	2.00	0.		0.	0.
DOUGLAS BECK, 1775 WEST 1500 SOUTH,	DIRECTOR		,		
SALT LAKE CITY, UT 84101	2.00	0.		0.	0.
RICHARD M. SCHWEND, MD, 2401 GILLHAM	DIRECTOR				
RD, KANSAS CITY, MO 64108	2.00	0.		0.	0.
	DIRECTOR				
ONE NORTH FRANKLIN, CHICAGO, IL 60606	2.00	0.		0.	0.
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32172					990-EZ (2009)
2-08-10				Form \$	ッシリーに と(2009)

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A3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes N 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	Ü		720		_==
and enter the amount of tax-exempt interest received or accrued during the tax year Yes N 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	40			•	
Yes N 44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 Completed instead of Form 990-EZ	43		N/A		
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 45		and enter the amount of tax-exempt interest received of accrued during the tax year	-1, 21		
Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 45			Γ	Yes	No
Form 990-EZ 44 45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45 46 47 48 49 49 49 49 49 40 40 40 40 40	44	Bid the erganization maintain any denot adviced funds? If "Vac " Form 900 must be completed instead of			110
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		44	, 1	Х
completed instead of Form 990-EZ	AE.		77		
Completed moteur of Form 200 EE	40		45	1	Х
				90-EZ /	

INC.

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public Yes No X 46 office? If "Yes," complete Schedule C, Part I X 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 X 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b b If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Contributions (b) Title and average hours (c) Compensation (e) Expense to employee per week devoted to (a) Name and address of each employee paid more account and benefit plans & than \$100,000 position other allowances deferred NONE compensation Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization If there is none, enter "None" NONE (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 anury, 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, e Daclaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here TREASURER Check if self-Paid Preparer's signature Preparer's identifying number (See instr.) 06/30/10 employed ▶ Preparer's Use Only POBBITT, PITTENGER & COMPANY, P.A. EIN ▶ 1605 MAIN STREET, SUITE 1010 Phone > address, and ZIP + 4 (941)366-4450 SARASOTA, FLORIDA 34236 X Yes May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (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.

2009

Open to Public Inspection

Name of the organization

PROJECT PERFECT WORLD FOUNDATION, INC.

Employer identification number 04-3546835

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) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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. d Type III - Other c ____ Type III · Functionally integrated b Type II 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) If the organization received a written determination from the IRS that it is a Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (vii) Amount of (I) Name of supported (ii) EIN organization in col organization organization in col in col (i) listed in your support (i) organized in the organization (described on lines 1-9 governing document? (i) of your support? US? above or IRC section (see instructions)) No Yes No Yes Yes

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

Schedule A (Form 990 or 990-EZ) 2009 PROJECT PERFECT WORLD FOUNDATION, INC. 04-3546835 Page 2

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)

Se	ction A. Public Support						
Cal	lendar 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		1		ĺ		
	include any "unusual grants.")	112,345.	88,432.	157,192.	285,193.	284,241.	927,403.
2	Tax revenues levied for the organ-				1		
	ization's benefit and either paid to						
	or expended on its behalf	L					
3	The value of services or facilities						
	furnished by a governmental unit to				Ì		
	the organization without charge			· · · · · · · · · · · · · · · · · · ·			
4	Total. Add lines 1 through 3	112,345.	88,432.	157,192.	285,193.	284,241.	927,403.
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,					1	
	column (f)						221,207.
	Public support. Subtract line 5 from line 4						706,196.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total 927,403.
	Amounts from line 4	112,345.	88,432.	157,192.	285,193.	284,241.	927,403.
8	Gross income from interest,	1				ł	
	dividends, payments received on						
	securities loans, rents, royalties	422	252	4 220	2 (62	1 200	0 006
_	and income from similar sources	432.	253.	4,230.	2,662.	1,309.	8,886.
9	Net income from unrelated business	1			1		
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital				1		
4-1	assets (Explain in Part IV.)						936,289.
	Total support. Add lines 7 through 10 {	oto (occupatrication				40	930,209.
	Gross receipts from related activities, First five years. If the Form 990 is for		•	fourth or fifth to		12	
	organization, check this box and stop		mst, second, third	i, iourtii, or iiitii tax	x year as a section	501(0)(3)	
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2009 (lii			olumn (fl)		14	75.43 %
	Public support percentage from 2008	• • • • • • • • • • • • • • • • • • • •	•	(///	T	15	55.67 %
	33 1/3% support test - 2009.if the or	·	•	ine 13, and line 14	· -		
	stop here. The organization qualifies a			•		,	► X
b	33 1/3% support test - 2008.If the or	ganization did not	check a box on lin	e 13 or 16a, and lir	ne 15 is 33 1/3% d	or more, check this	
	and stop here. The organization qualif						▶□
17a	10% -facts-and-circumstances test	- 2009. If the organ	nization did not ch	eck a box on line 1	3, 16a, or 16b, an	d line 14 is 10% oi	r more,
	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t	est The organizati	on qualifies as a p	ublicly supported	organization		▶ 🗀
b	10% -facts-and-circumstances test	- 2008 .If the organ	nization did not che	eck a box on line 1	3, 16a, 16b, or 17	a, and line 15 is 10	
	more, and if the organization meets the						
,	organization meets the "facts-and-circu	ımstances" test. Ti	he organization qu	alifies as a publicly	y supported organ	ization	▶ 🗀
8	Private foundation. If the organization	did not check a bi	ox on line 13, 16a,	16b, 17a, or 17b,	check this box an	d see instructions	▶□
					Sched	ule A (Form 990 c	or 990-EZ) 2009

Section A: Public Support			1,000	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-) 0000	(0 T · ·
Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and			•			
membership fees received. (Do not						
ınclude any "unusual grants.")		- 		ļ		
2 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		,				
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						·
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	-					
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and]		
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (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
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						. <u></u>
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)14 First five years. If the Form 990 is for	the organization	e first second this	t fourth or fifth to	ax vear as a secti	on 501(c)(3) organiza	ation.
check this box and stop here	are organization	o mot, occoria, tilli	2, 100101, Or mus to	, oa. ao a ooon	, (5)(5) 5, 94, 112	▶□
Section C. Computation of Public	c Support Pe	rcentage				
15 Public support percentage for 2009 (lin			olumo (fl)		15	%
16 Public support percentage from 2008	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves					1	
17 Investment income percentage for 200			e 13, column (f))		17	%
18 Investment income percentage from 2				45	18 02 1 (20), and has 1	% 7.154
19a 33 1/3% support tests - 2009. If the o						/ IS NOT
more than 33 1/3%, check this box an						▶ 🗀
b 33 1/3% support tests - 2008. If the cline 18 is not more than 33 1/3%, check						ind ▶□
20 Private foundation. If the organization						▶□
- Treate roundation. If the organization	. S.o Hot Officer a				hedule A (Form 990	or 990-EZ) 200

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
MEDICAL SUPPLIES			101,911	 1 .
AIRFARE & TRANSPORTATION			53,143	
LODGING			34,129	
FREIGHT			8,420	
HOSPITAL COSTS			5,244	
FOOD			3,003	
ACCOUNTING FEES			7,750	
OFFICE & MISC			4,441	1.
TOTAL TO FORM 990-EZ, LINE 16			218,041	l . =
FORM 990-EZ	OTHER ASSETS		STATEMENT	
				_
DESCRIPTION		BEG. OF YEAR	END OF YEAR	₹
SPECIAL EVENT RECEIVABLE		0.	33,810).
INVENTORY		0.	55,836	
TOTAL TO FORM 990-EZ, LINE 24		0.	89,646	<u> </u>
				=
FORM 990-EZ OTHER CHANGES IN	NET ASSETS OR FUN	D BALANCES	STATEMENT	3
DESCRIPTION			AMOUNT	
BOOK ADJUSTMENT TO CONFORM WITH	GAAP		30,000	<u> </u>
20011 1120002112211 20 00111 0121 11221				

990-EZ PG 2

STATEMENT

PROJECT PERFECT WORLD IS A HEALTHCARE HUMANITARIAN EFFORT SUPPORTED BY THE ASSOCIATION FOR HEALTHCARE RESOURCE & MATERIALS MANAGEMENT AND OTHER DONORS. THE ORGANIZATION HAS IMPROVED THE LIVES OF THOUSANDS OF UNDERPRIVILEDGED CHILDREN SINCE ITS INCEPTION. EVERY YEAR PROJECT PERFECT WORLD IS ABLE TO SEND MEDICAL TEAMS TO POVERTY-STRICKEN AREAS TO PERFORM MAXILLOFACIAL, DENTAL, AND ORTHOPEDIC SURGERY ON CHILDREN.

DURING 2009, THE ORGANIZATION CONDUCTED THREE MEDICAL MISSIONS IN ECUADOR. ORTHOPEDIC AND SPINE SURGERIES WERE PERFORMED ON CHILDREN WHO COULD NOT AFFORD THEM. APPROXIMATELY NINETY CHILDREN WERE HELPED. PHYSICIANS AND OTHER MEDICAL PERSONNEL DONATED IN EXCESS OF 4,000 HOURS OF SERVICES WITH AN ESTIMATED VALUE EXCEEDING \$300,000.

6

990-EZ PG 2

STATEMENT

MEDICAL MISSIONS: A MORE PERFECT WORLD - ONE CHILD AT A TIME.

Form **8868** (Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

 $ightharpoonup \left[\overline{X} \right]$ • 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. 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 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 and click on e-file for Charities & Nonprofits Name of Exempt Organization Employer identification number Type or print PROJECT PERFECT WORLD FOUNDATION, INC. 04 - 3546835File by the Number, street, and room or suite no. If a P O, box, see instructions. due date for filing your 258 HARVARD STREET return See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions BROOKLINE, MA 02446-2904 Check type of return to be filed (file a separate application for each return): Form 990-T (corporation) Form 4720 Form 990 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227 X Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of FAX No. ▶ Telephone 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. 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: ➤ X calendar year 2009 or tax year beginning , and ending _ If this tax year is for less than 12 months, check reason: Initial return Change in accounting period 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 За 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 ЗЬ Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions 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.