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Send to: International Revenue Service Center  
Ogden, UT 84201-0027

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)

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2007**

Open to Public  
Inspection

<b>A For the 2007 calendar year, or tax year beginning <u>May 1</u>, 2007, and ending <u>April 30</u>, 2008</b>											
<b>B Check if applicable</b> <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending											
<b>C Name of organization</b> <b>World Children's Project</b> Number and street (or P O box if mail is not delivered to street address) Room/suite <b>728 NE Royal Ct.</b>											
City or town, state or country, and ZIP + 4 <b>Portland OR 97232</b>											
<b>D Employer identification number</b> <b>42 1649091</b>											
<b>E Telephone number</b> <b>( 506 ) 26544532</b>											
<b>F Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ►											
<b>G Website:</b> ► <a href="mailto:anna.bramucci@gmail.com">anna.bramucci@gmail.com</a>											
<b>J Organization type</b> (check only one) ► <input checked="" type="checkbox"/> 501(c) ( 3 ) □ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527											
<b>K Check here</b> ► <input checked="" type="checkbox"/> if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return											
<b>L Gross receipts</b> Add lines 6b, 8b, 9b, and 10b to line 12 ► <b>42,691.00</b>											
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (See the instructions.)											
<b>1 Contributions, gifts, grants, and similar amounts received.</b> <table border="1"> <tr> <td><b>1a</b></td> <td><b>0</b></td> </tr> <tr> <td><b>1b</b></td> <td><b>42,691</b></td> </tr> <tr> <td><b>1c</b></td> <td><b>0</b></td> </tr> <tr> <td><b>1d</b></td> <td><b>0</b></td> </tr> <tr> <td><b>1e</b></td> <td><b>42,691.00</b></td> </tr> </table>		<b>1a</b>	<b>0</b>	<b>1b</b>	<b>42,691</b>	<b>1c</b>	<b>0</b>	<b>1d</b>	<b>0</b>	<b>1e</b>	<b>42,691.00</b>
<b>1a</b>	<b>0</b>										
<b>1b</b>	<b>42,691</b>										
<b>1c</b>	<b>0</b>										
<b>1d</b>	<b>0</b>										
<b>1e</b>	<b>42,691.00</b>										
<b>2 Program service revenue including government fees and contracts</b> (from Part VII, line 93)											
<b>3 Membership dues and assessments</b>											
<b>4 Interest on savings and temporary cash investments</b>											
<b>5 Dividends and interest from securities</b>											
<b>6a Gross rents</b> <table border="1"> <tr> <td><b>6a</b></td> <td><b>0</b></td> </tr> <tr> <td><b>6b</b></td> <td><b>0</b></td> </tr> <tr> <td><b>6c</b></td> <td><b>0</b></td> </tr> <tr> <td><b>7</b></td> <td><b>0</b></td> </tr> </table>		<b>6a</b>	<b>0</b>	<b>6b</b>	<b>0</b>	<b>6c</b>	<b>0</b>	<b>7</b>	<b>0</b>		
<b>6a</b>	<b>0</b>										
<b>6b</b>	<b>0</b>										
<b>6c</b>	<b>0</b>										
<b>7</b>	<b>0</b>										
<b>8a Gross amount from sales of assets other than inventory</b> <table border="1"> <tr> <td><b>(A) Securities</b></td> <td><b>(B) Other</b></td> </tr> <tr> <td><b>0</b></td> <td><b>8a</b></td> </tr> <tr> <td><b>0</b></td> <td><b>8b</b></td> </tr> <tr> <td><b>0</b></td> <td><b>8c</b></td> </tr> </table>		<b>(A) Securities</b>	<b>(B) Other</b>	<b>0</b>	<b>8a</b>	<b>0</b>	<b>8b</b>	<b>0</b>	<b>8c</b>		
<b>(A) Securities</b>	<b>(B) Other</b>										
<b>0</b>	<b>8a</b>										
<b>0</b>	<b>8b</b>										
<b>0</b>	<b>8c</b>										
<b>8d</b> <b>0</b>											
<b>9 Special events and activities</b> (attach schedule) If any amount is from gaming, check here ► <input type="checkbox"/>											
<b>a Gross revenue</b> (not including \$ <b>0</b> of contributions reported on line 1b)											
<b>b Less: direct expenses other than fundraising expenses</b> <table border="1"> <tr> <td><b>9a</b></td> <td><b>0</b></td> </tr> <tr> <td><b>9b</b></td> <td><b>0</b></td> </tr> </table>		<b>9a</b>	<b>0</b>	<b>9b</b>	<b>0</b>						
<b>9a</b>	<b>0</b>										
<b>9b</b>	<b>0</b>										
<b>c Net income or (loss) from special events.</b> Subtract line 9b from line 9a											
<b>10a Gross sales of inventory, less returns and allowances</b> <table border="1"> <tr> <td><b>10a</b></td> <td><b>0</b></td> </tr> <tr> <td><b>10b</b></td> <td><b>0</b></td> </tr> </table>		<b>10a</b>	<b>0</b>	<b>10b</b>	<b>0</b>						
<b>10a</b>	<b>0</b>										
<b>10b</b>	<b>0</b>										
<b>10c</b> <b>0</b>											
<b>11 Other revenue</b> (from Part VII, line 103)											
<b>12 Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11											
<b>13 Program services</b> (from line 44, column (B))											
<b>14 Management and general</b> (from line 44, column (C))											
<b>15 Fundraising</b> (from line 44, column (D))											
<b>16 Payments to affiliates</b> (attach schedule)											
<b>17 Total expenses.</b> Add lines 16 and 44, column (A)											
<b>18 Excess or (deficit) for the year.</b> Subtract line 17 from line 12											
<b>19 Net assets or fund balances at beginning of year</b> (from line 73, column (A))											
<b>20 Other changes in net assets or fund balances</b> (attach explanation)											
<b>21 Net assets or fund balances at end of year</b> Combine lines 18, 19, and 20											

SCANNED JUN 2 2010

Revenue

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- 1 Contributions, gifts, grants, and similar amounts received.
  - a Contributions to donor advised funds
  - b Direct public support (not included on line 1a)
  - c Indirect public support (not included on line 1a)
  - d Government contributions (grants) (not included on line 1a)
  - e **Total (add lines 1a through 1d)** (cash \$ **0** noncash \$ **42,691.00**)
- 2 Program service revenue including government fees and contracts (from Part VII, line 93)
- 3 Membership dues and assessments
- 4 Interest on savings and temporary cash investments
- 5 Dividends and interest from securities
- 6a Gross rents
  - 6a
  - 6b
- 7 Other investment income (describe ►)

8a Gross amount from sales of assets other than inventory

<b>(A) Securities</b>	<b>(B) Other</b>
<b>0</b>	<b>8a</b>
<b>0</b>	<b>8b</b>
<b>0</b>	<b>8c</b>

8d **0**

9 Special events and activities (attach schedule) If any amount is from gaming, check here ►

a Gross revenue (not including \$ **0** of contributions reported on line 1b)

b Less: direct expenses other than fundraising expenses

<b>9a</b>	<b>0</b>
<b>9b</b>	<b>0</b>

c Net income or (loss) from special events. Subtract line 9b from line 9a

10a Gross sales of inventory, less returns and allowances

<b>10a</b>	<b>0</b>
<b>10b</b>	<b>0</b>

10c **0**

b Less: cost of goods sold

c Gross profit or (loss) from sales of inventory (attach scheaule) Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103)

12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11

Expenses

13 Program services (from line 44, column (B))

14 Management and general (from line 44, column (C))

15 Fundraising (from line 44, column (D))

16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A)

Net Assets

18 Excess or (deficit) for the year. Subtract line 17 from line 12

19 Net assets or fund balances at beginning of year (from line 73, column (A))

20 Other changes in net assets or fund balances (attach explanation)

21 Net assets or fund balances at end of year Combine lines 18, 19, and 20

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2007)

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**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 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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>22a</b> 0	0		
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>22b</b> 0	0		
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b> 0	0		
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b> 0	0		
<b>25a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A	<b>25a</b> 0	0	0	0
<b>b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B	<b>25b</b> 0	0	0	0
<b>c</b>	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	<b>25c</b> 0	0	0	0
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 0	0	0	0
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c	<b>27</b> 0	0	0	0
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b> 0	0	0	0
<b>29</b>	Payroll taxes	<b>29</b> 0	0	0	0
<b>30</b>	Professional fundraising fees	<b>30</b> 0	0	0	0
<b>31</b>	Accounting fees	<b>31</b> 0	0	0	0
<b>32</b>	Legal fees	<b>32</b> 0	0	0	0
<b>33</b>	Supplies	<b>33</b> 0	0	0	0
<b>34</b>	Telephone	<b>34</b> 0	0	0	0
<b>35</b>	Postage and shipping	<b>35</b> 0	0	0	0
<b>36</b>	Occupancy	<b>36</b> 0	0	0	0
<b>37</b>	Equipment rental and maintenance	<b>37</b> 0	0	0	0
<b>38</b>	Printing and publications	<b>38</b> 0	0	0	0
<b>39</b>	Travel	<b>39</b> 0	0	0	0
<b>40</b>	Conferences, conventions, and meetings	<b>40</b> 0	0	0	0
<b>41</b>	Interest	<b>41</b> 0	0	0	0
<b>42</b>	Depreciation, depletion, etc. (attach schedule)	<b>42</b> 0	0	0	0
<b>43</b>	Other expenses not covered above (itemize):				
<b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b> 0	0	0	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 the instructions.)**

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.

What is the organization's primary exempt purpose? ► <b>Public Charity and Educational Purposes</b>			<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)			
<b>a</b>	<b>This is the charter year for a school that caters to 52 low income students in La Paz. This year is more costly due to the start up, but in the years to come we hope that we will continue to expand the program called La Paz Community school. This is the first year these two organizations have been working together, in the future we hope/plan to do more with the start up of the organisation, expand to reach more children here and in Oregon to create a sister school relationship.</b>		
(Grants and allocations \$ <b>17,664.73</b> )		If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>17,664.73</b>
<b>b</b>	<b>N/A</b>		
(Grants and allocations \$ <b>17,664.73</b> )		If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>			
(Grants and allocations \$ <b>17,664.73</b> )		If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>			
(Grants and allocations \$ <b>17,664.73</b> )		If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b>	<b>Other program services (attach schedule)</b>		
(Grants and allocations \$ <b>17,664.73</b> )		If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services). ► <b>17,664.73</b>		

**Part IV Balance Sheets (See the instructions.)**

		(A) Beginning of year		(B) End of year
	<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			
	<b>45</b> Cash—non-interest-bearing . . . . .	0	<b>45</b>	0
	<b>46</b> Savings and temporary cash investments . . . . .	0	<b>46</b>	<b>25,026.27</b>
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>47b</b> 0	0	<b>47c</b> 0
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>48b</b> 0	0	<b>48c</b> 0
	<b>49</b> Grants receivable . . . . .		0	<b>49</b> 0
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>50a</b> 0
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . . . .		0	<b>50b</b> 0
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b> 0		
	<b>b</b> Less: allowance for doubtful accounts . . . . .	<b>51b</b> 0	0	<b>51c</b> 0
	<b>52</b> Inventories for sale or use . . . . .		0	<b>52</b> 0
	<b>53</b> Prepaid expenses and deferred charges . . . . .		0	<b>53</b> 0
	<b>54a</b> Investments—publicly-traded securities . . . . .	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54a</b> 0
	<b>b</b> Investments—other securities (attach schedule) . . . . .	► <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	<b>54b</b> 0
	<b>55a</b> Investments—land, buildings, and equipment: basis . . . . .	<b>55a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>55b</b> 0	0	<b>55c</b> 0
	<b>56</b> Investments—other (attach schedule) . . . . .		0	<b>56</b> 0
	<b>57a</b> Land, buildings, and equipment: basis . . . . .	<b>57a</b> 0		
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 0	0	<b>57c</b> 0
	<b>58</b> Other assets, including program-related investments (describe ► <b>La Pas Community school investments, books ect.</b> ) . . . . .		0	<b>58</b> <b>17,664.73</b>
	<b>59</b> <b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .		0	<b>59</b> <b>42,691</b>
	<b>60</b> Accounts payable and accrued expenses . . . . .		0	<b>60</b> 0
	<b>61</b> Grants payable . . . . .		0	<b>61</b> 0
	<b>62</b> Deferred revenue . . . . .		0	<b>62</b> 0
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		0	<b>63</b> 0
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		0	<b>64a</b> 0
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		0	<b>64b</b> 0
	<b>65</b> Other liabilities (describe ► . . . . .)		0	<b>65</b> 0
	<b>66</b> <b>Total liabilities</b> . Add lines 60 through 65 . . . . .		0	<b>66</b> 0
	<b>Organizations that follow SFAS 117, check here ► <input type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .		N/A	<b>67</b> N/A
	<b>68</b> Temporarily restricted . . . . .		N/A	<b>68</b> N/A
	<b>69</b> Permanently restricted . . . . .		N/A	<b>69</b> N/A
	<b>Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/></b> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		0	<b>70</b> 0
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		0	<b>71</b> 0
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		0	<b>72</b> <b>25,026.27</b>
	<b>73</b> <b>Total net assets or fund balances</b> . Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		0	<b>73</b> <b>25,026.27</b>
	<b>74</b> <b>Total liabilities and net assets/fund balances</b> . Add lines 66 and 73 . . . . .		0	<b>74</b> <b>25,026.27</b>

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the Instructions.)**

a Total revenue, gains, and other support per audited financial statements . . . . .	a	N/A
b Amounts included on line a but not on Part I, line 12:		
1 Net unrealized gains on investments . . . . .	b1	N/A
2 Donated services and use of facilities . . . . .	b2	N/A
3 Recoveries of prior year grants . . . . .	b3	N/A
4 Other (specify): <b>N/A</b> <b>N/A</b>	b4	N/A
Add lines b1 through b4 . . . . .	b	N/A
c Subtract line b from line a . . . . .	c	N/A
d Amounts included on Part I, line 12, but not on line a:		
1 Investment expenses not included on Part I, line 6b . . . . .	d1	N/A
2 Other (specify): <b>N/A</b> <b>N/A</b>	d2	N/A
Add lines d1 and d2 . . . . .	d	N/A
e Total revenue (Part I, line 12). Add lines c and d . . . . . ►	e	N/A

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a Total expenses and losses per audited financial statements . . . . .	a	N/A
b Amounts included on line a but not on Part I, line 17:		
1 Donated services and use of facilities . . . . .	b1	N/A
2 Prior year adjustments reported on Part I, line 20 . . . . .	b2	N/A
3 Losses reported on Part I, line 20 . . . . .	b3	N/A
4 Other (specify): <b>N/A</b> <b>N/A</b>	b4	N/A
Add lines b1 through b4 . . . . .	b	N/A
c Subtract line b from line a . . . . .	c	N/A
d Amounts included on Part I, line 17, but not on line a:		
1 Investment expenses not included on Part I, line 6b . . . . .	d1	N/A
2 Other (specify): <b>N/A</b> <b>N/A</b>	d2	N/A
Add lines d1 and d2 . . . . .	d	N/A
e Total expenses (Part I, line 17). Add lines c and d . . . . . ►	e	N/A

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 plans	(E) Expense account and other allowances
<b>Anna Bramucci</b> <b>3630 NE Glisan St; Portland OR 97232</b>	<b>Director 15</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Stephan Bramucci</b> <b>3630 NE Glisan St; Portland OR 97232</b>	<b>Officer 5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Nick Temple</b> <b>Portland OR 97232</b>	<b>Officer 5</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Sara McGowan</b> <b>728 NE Royal Ct; Portland OR 97232</b>	<b>Key Employee 15</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Brian Crites</b> <b>728 NE Royal Ct; Portland OR 97232</b>	<b>Key Employee 15</b>	<b>0</b>	<b>0</b>	<b>0</b>



Part VI Other Information (continued)		Yes	No
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	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	✓
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	✓
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?	84b	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	✓
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.	85b	✓
c	Dues, assessments, and similar amounts from members	85c	0
d	Section 162(e) lobbying and political expenditures	85d	0
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	0
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	✓
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	✓
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88a	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	88a	✓
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ►	88b	✓
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4912 ► 0 ; section 4955 ► 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	89c	
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0	89d	0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0	89e	✓
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89f	✓
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89g	✓
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
90a	List the states with which a copy of this return is filed ► OREGON		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	0
91a	The books are in care of ► Kim Roberson Located at ► 500 metros sur de la ferreteria, Flamingo, Guanacaste	Telephone no ► ( 506 ) 26544532 ZIP + 4 ► COSTA RICA	
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)? If "Yes," enter the name of the foreign country ► Costa Rica	91b	✓
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

<b>Part VI Other Information (continued)</b>		<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States? <b>91c</b> <input checked="" type="checkbox"/>		If "Yes," enter the name of the foreign country ► <b>Secondary Office in COSTA RICA (see address)</b>	
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here . . . . . ► <b>92</b>			

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

**Note:** Enter gross amounts unless otherwise indicated.

93 Program service revenue:

- a N/A
- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_
- e \_\_\_\_\_
- f Medicare/Medicaid payments . . . . .
- g Fees and contracts from government agencies

94 Membership dues and assessments . . . . .

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 N/A

- b \_\_\_\_\_
- c \_\_\_\_\_
- d \_\_\_\_\_
- e \_\_\_\_\_

104 Subtotal (add columns (B), (D), and (E)) . . . . .

105 Total (add line 104, columns (B), (D), and (E)) . . . . . ► **0**

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

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

<b>Line No.</b> ▼	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)
	<u>N/A</u>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

<b>(A)</b> Name, address, and EIN of corporation, partnership, or disregarded entity	<b>(B)</b> Percentage of ownership interest	<b>(C)</b> Nature of activities	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets
<u>N/A</u>	0 % <u>N/A</u>		0	0
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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).

**Part XI Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

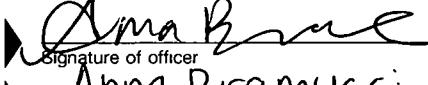
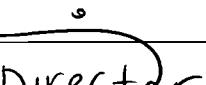
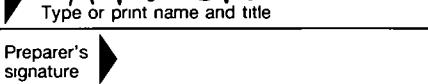
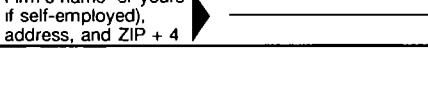
			Yes	No
106	Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.			✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
<b>Totals</b>				

			Yes	No
107	Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.			✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	N/A			
b				
c				
<b>Totals</b>				

			Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?			✓

<b>Please Sign Here</b>	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				
			Date April 21, 2010	Preparer's SSN or PTIN (See Gen. Inst. X)	
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date April 21, 2010	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 12-3456789	Phone no. ( )		

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**World Children's Project**

Employer identification number  
**42 1649 091**

**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: (Please check only one organization)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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
 

<b>a</b> <input type="checkbox"/> Type I	<b>b</b> <input type="checkbox"/> Type II	<b>c</b> <input type="checkbox"/> Type III—Functionally integrated	<b>d</b> <input type="checkbox"/> 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?
 

<b>(i)</b> 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?	..... <input type="checkbox"/>
<b>(ii)</b> A family member of a person described in (i) above?	..... <input type="checkbox"/>
<b>(iii)</b> A 35% controlled entity of a person described in (i) or (ii) above?	..... <input type="checkbox"/>
- h  Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)	<input checked="" type="checkbox"/>	
11g(iii)	<input checked="" type="checkbox"/>	

(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	
LA PAZ Community School	3-002- 498041	A School		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	17,664.73
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2008

→ \* THIS EIN IS FOR THE COSTA RICAN GOVERNMENT  
IN THE STATES THE NON PROFIT USES 42-1649091  
WITH THE WORLD CHILDREN'S PROJECT.

See attached document.

\*note column (c) Sec. A is the correct amount

please adjust 2009 Taxes to include this amount

**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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	0	0	2,000	42,691.00	20,596	65287
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	N/A	N/A	N/A	N/A	N/A	N/A
3 The value of services or facilities furnished by a governmental unit to the organization without charge	N/A	N/A	N/A	N/A	N/A	N/A
4 <b>Total.</b> Add lines 1-3	0	0	2000	42,691.00	20,596	65287.00
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)	X	X	2000.00	29,000.	12,029.00	43,029.00
6 <b>Public support.</b> Subtract line 5 from line 4	0	0	0	13691	8567.00	22,253.00

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	2000	42,691.00	20,596	65287.00
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	N/A	N/A	N/A	N/A	N/A	N/A
9 Net income from unrelated business activities, whether or not the business is regularly carried on	N/A	N/A	N/A	N/A	N/A	N/A
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
11 <b>Total support.</b> Add lines 7 through 10	0	0	2000	42,691.00	20,596	65287.00
12 Gross receipts from related activities, etc (see instructions)					12	
13 <b>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 stop here						► <input checked="" type="checkbox"/>

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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a <b>33 1/3 % support test—2008.</b> 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 type="checkbox"/>
b <b>33 1/3 % support test—2007.</b> 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 <b>10%-facts-and-circumstances test—2008.</b> 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 <b>10%-facts-and-circumstances test—2007.</b> 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 <b>Private foundation.</b> 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
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 business under section 513 . . . . .						
4 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 . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .						
<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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 . . . . .						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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> . . . . . ► <input type="checkbox"/>						

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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	16	%

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

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	18	%
<b>19a 33 1/3 % support tests—2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3 % support tests—2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

75. b) Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships?

**YES.**

Two officers on the Board of Directors, head Director Anna Bramucci and board officer Stephan Bramucci are siblings. This relationship has no bearing on the activities of the board and in no way obligates either party to act or vote in a particular way. The two key employees listed Sara McGowan and Brian Crites were recently married and this also has no bearing on the activities they perform with the World Children's Project or with La Paz Community School. These key employees were listed here because of their devotion to the project and the plan to expand interactions with them in the future; however, they have no privileges on the Board of Directors and do not vote, hold office, or influence activities in any way at this time.

Activities preformed by La Pas Community School under the name of World Children's Project. These activities directly complete the World Children's Project's official goals and public charity objectives as described in the 2004 non-profit documents. Along with the activities is an estimation of how much money from the World Children's Project went toward each of the divisions during the accounting period from May 1, 2007 to April 30, 2008.

**Money allotted each activity:**

7500 for classroom construction

7000 for scholarship

3164 for books, art supplies, sports equipment, etc.