PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 2585367

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

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

Open to Public Inspection

8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1te) 17 Other expenses (Part IX, column (A), line 1te) 18 Total axpenses. Part IX, column (A), line 1te) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets of Part X, line 16) 21 Total labsilities (Part X, line 16) 22 Total labsilities (Part X, line 26) 22 Total labsilities (Part X, line 26) 23 Total labsilities (Part X, line 26) 24 Total labsilities (Part X, line 26) 25 Signature Block 26 Part II Signature Block 27 Part II Signature Block 28 Part II Signature Block 29 Signature Block 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or periorn name and title 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 20 Total assets or fund balances. Subtract line 21 from line 20 21 Total labsilities (Part X, line 26) 22 Part II Signature Block 23 Total labsilities (Part X, line 26) 24 Signature of officer 25 Signature of officer 26 Date 27 Part II Signature of officer 27 Part II Signature of officer 28 Signature of officer 29 Signature of officer 20 Total assets or fund officer 20 Total assets or fund of ficer of ficer 20 Total assets or fund officer 20 Total assets or fund of ficer 20 Total assets or fund officer 20 Signature of officer 21 Signature of office	_			TITAL ON ONG	· ·
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J Webste: ► WWW - INVISIBLECHILDREN.COM Form of organization: X Corporation Trust Association Other ► Year of formation: 2004 M State of legal domiciae: CA	_				
Part					
Briefly describe the organization's mission or most significant activities: RAISE AWARENESS AND EDUCATING THE U.S. ABOUT THE ATROCITIES EXPLOITATION AND ABUSE OF INVISIBLE Check this box Lift the organization discontinued its operations or disposed of more than 25% of its net assets. 3					
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•		,		Phone no 6	19.231.1977
	— Ma	v the IF		1	X Yes No

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	INVISIBLE CHILDREN USES FILM, CREATIVITY AND SOCIAL ACTION TO END THE USE OF CHILD SOLDIERS IN JOSEPH KONY'S REBEL WAR AND TO RESTORE
	LRA-AFFECTED COMMUNITIES IN CENTRAL AFRICA TO PEACE AND PROSPERITY.
	THE MITTER COMMONITIES IN CHAIRMS MIKICA TO TEACH AND INODIBITIES.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ _3,303,228 • including grants of \$) (Revenue \$)
	THE ORGANIZATION'S PROGRAMS IN CENTRAL AFRICA FOCUS ON EDUCATION,
	PROTECTION, REHABILITATION AND LIVELIHOOD BENEFITING OVER 11,000 PEOPLE.
	PEOPLE.
	
	2.060.156
4b	(Code:) (Expenses \$ 3,860,156 · including grants of \$) (Revenue \$)
	THE ORGANIZATION HAS DEVELOPED PROGRAMS STATESIDE THAT FOCUS ON ADVOCACY AND SPREADING THE MESSAGE TO "DO MORE THAN JUST WATCH". THESE
	INITIATIVES INCLUDE A BIANNUAL FILM TOUR, CROSS-PLATFORM MEDIA
	CAMPAIGNS, AND GRASSROOTS AWARENESS EVENTS.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Literation of the latter of
	·
	
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 7,163,384.

032002 12-21-10

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	•		
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	10		х
11	If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a	Х	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		_	
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Service the number reported in Box 3 of Form 1008. Enter 0- if not applicable 1a 4 1b 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response to any question in this Part V								
b Enter the number of Forms W2G included in line 1a. Enter of Irind applicable OIst the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a						Yes	No			
b Enter the number of Forms W2G included in line 1a. Enter of Irind applicable OIst the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4						
collishe organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamining) within synthesis prize with environments of prize within the ventor and the provided of the calculation of the cal	b		1b	0						
2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2 is its greater than 250, you may be required to e-file, (see instructions) 3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming						
2a Earth the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2 is its greater than 250, you may be required to e-file, (see instructions) 3a		(gambling) winnings to prize winners?			1c					
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If the veginization have unrelated business gross income of \$1,000 or more during the year? 3a At any time during the calendary 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)? 4b If Yes, inter the name of the foreign country. PC AYMAN ITSLANDS, UNITED KINSDOM 5ee instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, it lide to organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, it lide to organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, it lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If Yes, it lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that many receive deductible contributions under section 170(c). 8d If If Yes, it lide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d If Yes, it did the organization receive a payment in excess 01575 made party is a contribution and party for goods and services provided to the payor? 7a If If Yes, it did the organization or express of 157 made party is a contribution of payment or payment or the value of the goods or services provided? 7d If Yes, it did the organization receive any funds, clinicity or indirectly, to pay premiums on a personal benefit contract? 7d If Yes, it did the	2a									
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3a Date the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O a 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 accounts? b if "Yes," either the name of the foreign country," CATMAN ITSILANDS, UNITTED KINGDOM See instructions for filing requirements for Form TD F 902.21, Report of Foreign Bank and Financial Accounts. 8a Was the organization of party to a prohibited tax shelter transaction? 5a Was the organization have you as whether transaction at any time during the tax year? 5a Does the organization have an annual gross receipts that are normally greater than \$100,000, and did the organization solict any contributions that were not tax deductible? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). a bill the organization neceive a payment in oxess of \$76 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," did the organization neceive apyment in oxess of \$76 made party as a contribution and party for goods and services provided to the payor? 7b If "Yes," did the organization neceive apyment in oxess of \$76 made party as a contribution and party for goods and services provided to the payor? 7c If If Yes, "did the organization or eceive any funds, directly or indirectly, to a personal benefit contract? 7c If If Yes, "did the organization file by ever, pay premiums on a personal benefit contract? 7d If Yes, "did the organization eceived a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 109e C? 89a Sponsoring organizations maintaining	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ทร?		2b	Х				
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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	and the description of the second of the sec		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 4	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	tion:		
	LAURA WALKER, CONTROLLER - 619-562-2799			

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	T	(C)					(D)	(E)	(F)
Name and Title	Average hours per	(c	Position (check all that app				ly)	Reportable compensation	Reportable compensation	Estimated amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JASON RUSSELL	F . 0.0							00.660	0	0
FOUNDER/FILM MAKER	55.00	Х		Х				89,669.	0.	0.
LAREN POOLE FOUNDER/FILM MAKER	55.00	x		х				84,377.	0.	0.
BEN KEESEY										
CEO	55.00	Х		Х				88,241.	0.	0.
JOHN BRADEL DIRECTOR	2.00	x						0.	0.	0.
RICH MCCULLEN	2.00	₽						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
SCOT WOLFE										
DIRECTOR	2.00	Х						0.	0.	0.
DARREN HARDY	0.00	l							•	•
DIRECTOR	2.00	X						0.	0.	0.

Form 990 (2010) INVISIBL									54-21	64	338	Pa	age 8
Part VII Section A. Officers, Directors, Tr		mplo	oyee			High	est	Compensated Employ	rees (continued)				
(A) Name and title	(B) Average hours per	ge Position					oly)	(D) Reportable compensation	(E) Reportable compensation			(F) stimate nount	
	week (describe hours for related organizations in Schedule O)	Istee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	6	com fr org and	other pensation the anization relation	ition e ion ed
								262 207		0			
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	II, Section A							262,287. 0. 262,287.		0.			0.0
Total number of individuals (including but compensation from the organization							ho r	eceived more than \$100	0,000 in reportable	Э		Yes	(No
3 Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>								nighest compensated e			3	163	X
For any individual listed on line 1a, is the sand related organizations greater than \$15	60,000? If "Yes,	ole co ," <i>col</i>	omp <i>mpl</i> e	ensa ete S	atior Sche	n and edul	d otl e <i>J f</i>	her compensation from for such individual	the organization		4		Х
Did any person listed on line 1a receive or rendered to the organization? If "Yes," con Section B. Independent Contractors											5		X
Complete this table for your five highest continuous the organization. NONE	ompensated in	depe	ende	ent c	onti	racto	ors t		\$100,000 of com	pens			
(A) Name and business address								(B) Description of s	services	С	ompe		n
Total number of independent contractors \$100,000 in compensation from the organ		not lir	mite	d to		se li:	stec	d above) who received n	nore than				
Ψ100,000 iii compensation from the organ	ιζαιΙΟΙΙ					_					Form	990 (2010

Pa	rt VII	II Statement of Rever	nue					<u> </u>
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
t s	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	·····					
s, g	С	Fundraising events						
ar g		Related organizations						
JS,		Government grants (contribut						
tion 's	f	All other contributions, gifts, gran	nts, and					
		similar amounts not included abo	ove 1f	10,334,060.				
를	g	Noncash contributions included in lines	s 1a-1f: \$					
<u>a</u> 0	h	Total. Add lines 1a-1f			10,334,060.			
				Business Code		2005500		
<u>i</u>	2 a	PROGRAM MATERIA		900099	3295722.	3295722.		
e c	b	BETTER WORLD BO	OOKS	451211	127,629.	127,629.		
n S	С							
Re	d							
Program Service Revenue	е							
-		All other program service reve			3423351.			
\dashv		Total. Add lines 2a-2f			3423331.			
	3	Investment income (including			7,769.			7,769.
	4	other similar amounts)			7,703.			7,705
	5	Royalties	-					
	3	noyaliles	(i) Real	(ii) Personal				
	6 a	Gross Rents	(i) Heal	(ii) i ersoriai				
		Less: rental expenses						
		Rental income or (loss)						
				>				
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	,					
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		. <u></u>				
Other Revenue	8 a	Gross income from fundraisin including \$						
e e		contributions reported on line						
<u>اء</u>		Part IV, line 18	= -	.				
ᆴᅵ	b	Less: direct expenses						
٥		Net income or (loss) from fund						
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	a	ı				
	b	Less: direct expenses	b)				
	С	Net income or (loss) from gan	ning activities	<u></u>				
	10 a	Gross sales of inventory, less	returns					
		and allowances		1				
	b	Less: cost of goods sold	b					
ļ	С	Net income or (loss) from sale	es of inventory					
ļ		Miscellaneous Revenu		Business Code				
	11 a							
	b							
	C							
		All other revenue						
		Total Add lines 11a-11d			13,765,180.	3423351.	0.	7,769.
	12	Total revenue. See instructions.		P	13,703,100.	7 2 4 7 7 7 1 •	0.	1,109.

Part IX | Statement of Functional Expenses

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

All other organizations must con	nolete column i	(A) but are not rea	quired to complete	columns (B)	(C) and (D)

	All other organizations must com not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		СХРСПОСО	general expenses	слрензез
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16	2,810,681.	2,810,681.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	414,252.	175,246.	175,163.	63,843.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,146,288.	793,721.	317,971.	34,596.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	22,976.	16,364.	6,612.	
10	Payroll taxes	136,027.	89,258.	44,780.	1,989.
11	Fees for services (non-employees):				
а	Management				
b	•				
С	~ · · · · · · · · · · · · · · · · · · ·				
d	Lobbying				
е	· •				
f	Investment management fees	5,450.	136.	5,314.	
g	Other	3,430.	130.	3,314.	
12	Advertising and promotion	107,855.	42,673.	64,505.	677.
13 14	Office expenses	107,033.	42,075.	04,505.	077.
15	Information technology Royalties				
16	Occupancy	398,729.	151,159.	217,430.	30,140.
17	Travel	1,074,273.	852,820.	119,933.	101,520.
18	Payments of travel or entertainment expenses	, , , ,	, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	365.		365.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	218,018.	197,836.	18,003.	2,179.
23	Insurance	157,567.	74,225.	74,118.	9,224.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	PRODUCTION COSTS	851,552.	851,552.		
b	FILM COSTS	357,610.	357,610.	20.005	
С	PROFESSIONAL SERVICES	244,391.	205,395.	38,996.	0.40
d	LICENSE & FEES	229,482.	27,339.	201,195.	948.
е	POSTAGE	187,501.	153,551.	33,395.	555.
f	All other expenses	531,615.	363,818.	126,790.	41,007.
25	Total functional expenses. Add lines 1 through 24f	8,894,632.	7,163,384.	1,444,570.	286,678.
26	Joint costs. Check here 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	0. 12-21-10				Form 990 (2010)

Part X | Balance Sheet (A) (B) Beginning of year End of year 304,584. 129,375. 1 Cash - non-interest-bearing 1 809,079. Savings and temporary cash investments 5,907,428. 2 2 204,255. 130,688. Pledges and grants receivable, net 3 3 37,084. 4 Accounts receivable, net 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net 7 117,290. 197,167. Inventories for sale or use 8 8 93,994. 123,771. Prepaid expenses and deferred charges 9 9 10a Land, buildings, and equipment: cost or other 1,262,892. basis. Complete Part VI of Schedule D ______ 10a 857,120. 483,263. 405,772. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 2,012,465. 6,931,285. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 298,202. 346,474. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 iabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties _____ 24 Other liabilities. Complete Part X of Schedule D 25 25 298,202. 346,474. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X

and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,254,056. 27 5,468,718. 27 Unrestricted net assets Temporarily restricted net assets 460,207. 1,116,093. 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 1,714,263. 6,584,811. Total net assets or fund balances 33 33 2,012,465. 6,931,285. 34 Total liabilities and net assets/fund balances ...

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,76				
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,89				
3	Revenue less expenses. Subtract line 2 from line 1	3	4,87				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,71	<u>4,2</u>	<u>63.</u>		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.		
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	6,58	<u>4,8</u>	<u>11.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII				<u>Ш</u>		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit					
	Act and OMB Circular A-133?		За		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b				
			Form	990 (2010)		

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INVISIBLE CHILDREN, INC.

Employer identification number 54-2164338

Par	τl	Reason 1	for Public Char	ity Status (All organiz	ations mu	st complet	te this part	t.) See inst	tructions.				
The c	organi	zation is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1				s, or association of churc									
2		A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sci	hedule E.)								
3				tal service organization of		in section	170(b)(1)	A)(iii).					
4				operated in conjunction					(b)(1)(A)(ii	i). Enter t	the hospital	's nam	ıe.
		city, and state				•				•	•		,
5		•		benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	ed in		
		-	(b)(1)(A)(iv). (Comple	-	,	•	,	Ü					
6				ent or governmental unit	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7	X			eives a substantial part					r from the	general	public desc	ribed i	in
			b)(1)(A)(vi). (Comple				9			9			
8				ection 170(b)(1)(A)(vi). ((Complete	Part II.)							
9				eives: (1) more than 33 1			rom contri	butions. m	nembershi	o fees. ai	nd aross re	ceipts	from
•				nctions - subject to certa									
			•	axable income (less sect	•	•	•				J		
			509(a)(2). (Complete			,		•	, 3			,	
10				perated exclusively to tes	st for publ	ic safetv. S	See sectio	n 509(a)(4	1).				
11		-	-	perated exclusively for th	-	•			-	v out the	purposes o	of one	or
		•		ations described in section						•			
				organization and comple				,	`	Λ,			
		a Type I		7 -		e III - Fund		egrated		d 🗀	Type III - 0	Other	
e l				t the organization is not	controlled	I directly o	r indirectly	by one o	r more disc	qualified	persons oth	ner tha	เท
				han one or more publicly									
f		If the organiza	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III	. , , ,			
			rganization, check th										
g		Since August	17, 2006, has the o	rganization accepted an						sons?			
_				irectly controls, either ale							,	Yes	No
		the gove	erning body of the su	upported organization?							11g(i)		
				n described in (i) above?									
				person described in (i) o									
h				about the supported org									
(i)		of supported nization	(ii) EIN		in col. (i) lis	organization sted in your	organizat	ion in col.	(vi) Is organizatio (i) organiz	ed in the [(vii) An sup	nount o	f
				`above or IRC section	governing	document?	(i) of your	Support	U.S.	.?			
				(see instructions))	Yes	No	Yes	No	Yes	No			
Fotal													

Form 990 or 990-EZ.

032021 12-21-10

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,723,282.	5,355,479.	5,184,929.	6,096,169.	10,334,060.	31,693,919.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,723,282.	5,355,479.	5,184,929.	6,096,169.	10,334,060.	31,693,919.
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)						
	Public support. Subtract line 5 from line 4.						31,693,919.
_	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 4	4,723,282.	5,355,479.	5,184,929.	6,096,169.	10,334,060.	31,693,919.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						31,693,919.
	Total support. Add lines 7 through 10	ata (ana inaturatio	\\			40	31,093,919.
	Gross receipts from related activities, First five years. If the Form 990 is for			I fourth or fifth to		12 n 501(a)(2)	
13	organization, check this box and stop	-			•		
Se	ction C. Computation of Publ						
	Public support percentage for 2010 (I			olumn (f))		14	100.00 %
	Public support percentage from 2009						100.00 %
	33 1/3% support test - 2010. If the o					ore, check this box	
	stop here. The organization qualifies	-					
b	33 1/3% support test - 2009.If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explain	in Part IV how the	
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	ı, 16b, 17a, or 1 <mark>7</mark> b	, check this box a	nd see instructions	s >
				-			000 EZ\ 0040

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support	now, picage com	oloto i art II.j				
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 per-						
formed, 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						
4 Tax revenues levied for the organ-						_
ization'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		#1000	() 0000		() 00/0	(0
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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						
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's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,
check this box and stop here						<u></u> ▶□
Section C. Computation of Publi						
15 Public support percentage for 2010 (li					15	%
16 Public support percentage from 2009					16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2	.009 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	I7 is not
more than 33 1/3%, check this box ar	nd stop here. The	e organization qua	ifies as a publicly	supported organiz	ation	▶□
b 33 1/3 % support tests - 2009. If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, che	ck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	▶∐
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see ins	structions	>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Employer identification number

54-2164338 INVISIBLE CHILDREN, INC. Organization type (check one): Filers of Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

INVISIBLE CHILDREN, INC.

54-2164338

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

INVISIBLE CHILDREN, INC.

54-2164338

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		. \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		:	
023453 12-23-		\$Schedule B (Form	990, 990-EZ, or 990-PF) (2010)

	BLE CHILDREN, INC.		50.4/	54-2164338
rt III	more than \$1,000 for the year. Complete Part III, enter the total of exclusively religio \$1,000 or less for the year. (Enter this info	e columns (a) through (e) a ous, charitable, etc., contril	ind the following butions of	c)(7), (8), or (10) organizations aggregating ng line entry. For organizations completing
No.	ψ1,000 of less for the year. (Einter this info	ornation once. See instruc	πιοτίσ.) 🕶 ψ	
om art I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
— -				
		(e) Transfer	of gift	
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
No.				_
om art I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
$- \frac{1}{2}$				
		(e) Transfer	of gift	
	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
-				
No. om art I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
_ :				
		(e) Transfer	of gift	
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
No -	T			
No. om art I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held
- - -				
		(e) Transfer	r of gift	
-	Transferee's name, address, ar	nd ZIP + 4	R	elationship of transferor to transferee
-				
- 1				

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

 $If the organization \ answered \ "Yes," \ to \ Form \ 990, \ Part \ IV, \ line \ 3, \ or \ Form \ 990-EZ, \ Part \ V, \ line \ 46 \ (Political \ Campaign \ Activities), \ then$

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

• ;	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nam	ne of organization			Empl	oyer identification number
	INVISIB	LE CHILDREN, INC.	,		54-2164338
Pa	art I-A Complete if the org	ganization is exempt unde	er section 501(c)	or is a section 527 o	rganization.
2	Provide a description of the organize Political expenditures Volunteer hours	······································		▶\$	
Pa	art I-B Complete if the org	ganization is exempt unde	er section 501(c)((3).	
1	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manage	rs under section 4955	▶\$	
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pa	art I-C Complete if the org	ganization is exempt unde	er section 501(c),	except section 501	c)(3).
1	Enter the amount directly expended	d by the filing organization for sec	tion 527 exempt funct	tion activities >\$	
2	Enter the amount of the filing organ	nization's funds contributed to oth	er organizations for se	ection 527	
	exempt function activities			▶\$	
3	Total exempt function expenditures			•	
	line 17b				
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and er	mployer identification number (EIN	l) of all section 527 po	litical organizations to whic	h the filing organization
	made payments. For each organiza	•	0 0		•
	contributions received that were pr			•	te segregated fund or a
	political action committee (PAC). If	additional space is needed, provi	de information in Part	IV.	I
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

LHA

032041 02-02-11

Schedule C (Form 990 or 990-EZ) 2010

0

0

 d Grassroots nontaxable amount
 e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

0

0

0

0

0

0

Schedule C (Form 990 or 990-EZ) 2010 INVISIBLE CHILDREN, INC. 54-216433 Part II-B | Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter	Yes	No	Α	ount
		140	Am	ount
or referendum, through the use of:				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			-	
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 similar means?				
i Other activities? If "Yes," describe in Part IV				
j Total. Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501 (c)(4), section 501	on 501(c)(5), or so	ection	
	(-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
501(c)(6).				Na
501(c)(6).			Yes	No
		1	Yes	NO
Were substantially all (90% or more) dues received nondeductible by members?			Yes	NO
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 		3		No
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 	on 501(c	2 3 3(5), or se	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? 	on 501(c	2 3 3(5), or se	ection	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."	on 501(c rt III-A, I	2 3 3(5), or se ine 3 is a	ection	
1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 2 Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." 1 Dues, assessments and similar amounts from members	on 501(c rt III-A, I	2 3 3(5), or se ine 3 is a	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members 	on 501(c rt III-A, I	2 3 3(5), or se ine 3 is a	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). 	on 501(c rt III-A, I	2 3 2)(5), or so ine 3 is a	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year 	on 501(c rt III-A, I	2 3 2)(5), or so ine 3 is a	ection	
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1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total	on 501(c rt III-A, I	2 3 3)(5), or so ine 3 is a 1 2a 2b 2c	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 	on 501(c rt III-A, I	2 3 3)(5), or so ine 3 is a 1 2a 2b 2c	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Did the organization agree to carryover lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the except the section 162 (e) dues 	on 501(c rt III-A, I	2 3 3)(5), or so ine 3 is a 1 2a 2b 2c	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures of nondeductible lobbying and political expenditures from the prior year? 	cess	2 3 2)(5), or so ine 3 is a 1 2a 2b 2c 3	ection	
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception in the section of the exception of the exception in the section of the exception i	cess	2 3 2)(5), or so ine 3 is a 1 2a 2b 2c 3	ection	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

INVISIBLE CHILDREN, INC.

Employer identification number 54-2164338

Pai	rt I	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	or Accounts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	6.	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total	number at end of year		
2		egate contributions to (during year)		
3		egate grants from (during year)		
4		egate value at end of year		
5		e organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
		e organization's property, subject to the organization's	_	
6		e organization inform all grantees, donors, and donor ac		
•		aritable purposes and not for the benefit of the donor or		
Pai		Conservation Easements. Complete if the organization		
1		ose(s) of conservation easements held by the organization		,
•		Preservation of land for public use (e.g., recreation or ed	` <u> </u>	orically important land area
	Ħ	Protection of natural habitat	Preservation of a certific	
	Ħ	Preservation of open space	Treservation of a certifi	ed historie structure
2	Comi	plete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	f a conservation easement on the last
2		f the tax year.	ed conservation contribution in the form of	i a conservation easement on the last
	uay c	i tile tax year.		Held at the End of the Tax Year
_	Total	number of concentation accoments		
a		number of conservation easementsacreage restricted by conservation easements		
0		per of conservation easements on a certified historic stru		
ا		per of conservation easements included in (c) acquired a		
u				
2		in the National Register		2d
3		per of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the t	organization during the tax
4	year		ament is leasted	
4		per of states where property subject to conservation eas		
5		the organization have a written policy regarding the peri		Yes No
_		ons, and enforcement of the conservation easements it		
6		and volunteer hours devoted to monitoring, inspecting,		
7		ant of expenses incurred in monitoring, inspecting, and e		
8		each conservation easement reported on line 2(d) above		
_		ection 170(h)(4)(B)(ii)?		
9		t XIV, describe how the organization reports conservation		
		le, if applicable, the text of the footnote to the organizati	ion's financial statements that describes tr	ne organization's accounting for
Dai		ervation easements. Organizations Maintaining Collections of	Art Historical Treasures or Oth	har Similar Assats
ı aı	C III	Complete if the organization answered "Yes" to Form 9		nei olilliai Assets.
10	If tho	organization elected, as permitted under SFAS 116 (AS		ant and halance shoot works of art
Ia		ical treasures, or other similar assets held for public exh	•	•
				ce of public service, provide, in Part XIV,
L		xt of the footnote to its financial statements that describ		and balance about works of ort. biotoxical
D		organization elected, as permitted under SFAS 116 (AS		
		ures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of publi	ic service, provide the following amounts
		ng to these items:		• •
		evenues included in Form 990, Part VIII, line 1		
_			the state of the s	
2		organization received or held works of art, historical trea	•	gain, provide
_		llowing amounts required to be reported under SFAS 11		•
a		nues included in Form 990, Part VIII, line 1		
b	Asse	s included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2010

_	,	TE CHILDKE			0.11		164338	
Par	t III Organizations Maintaining C	collections of A	rt, Historical T	reasures, c	r Other	Similar Ass	sets (contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following that	t are a sigı	nificant use of i	ts collection	items
	(check all that apply):							
а	Public exhibition	d	I Loan or exc	change progra	ms			
b	Scholarly research	е	e LUI Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization	on's exem	pt purpose in P	art XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or othe	er similar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's c	collection?		[Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizati	on answered "	Yes" to Fo	orm 990, Part I	/, line 9, or	
	reported an amount on Form 990, Pai							
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contributio	ns or other as:	sets not in	ıcluded		
	on Form 990, Part X?					Г	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV							
	, ,	•	J				Amount	
С	Beginning balance					1c		
	Additions during the year							
	Distributions during the year							
f	Ending balance							
	Did the organization include an amount on Fe						Yes	□ No
	If "Yes," explain the arrangement in Part XIV.							
Par			nswered "Yes" to Fo	orm 990. Part	IV. line 10.			
	·	(a) Current year	(b) Prior year	(c) Two years) Three years bad	ck (e) Four y	ears back
1a	Beginning of year balance	(,,	(,	(-, -		,	(-, ,	
	Contributions							
	Net investment earnings, gains, and losses							
	Grants or scholarships							
	Other expenditures for facilities							
·	and programs							
	Administrative expenses							
g	End of year balance Provide the estimated percentage of the year							
2	Board designated or quasi-endowment		45. %					
	•							
	Permanent endowment	% %						
		, -						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are neid a	and administe	rea for the	organization	L.	/ N-
	by:							res No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
	If "Yes" to 3a(ii), are the related organizations						3b	
4 Do:	Describe in Part XIV the intended uses of the							
Par	t VI Land, Buildings, and Equipm		i	1				
	Description of investment	(a) Cost or o basis (investr		t or other (other)		umulated eciation	(d) Book	value
1a	Land							
b	Buildings							
	Leasehold improvements							
d	Equipment							
	Other	1	1,26	52,892.	8.5	57,120.		,772.
Total	I. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)			405	,772.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities.	See Form 990, Part X,	line 12.		
(a) Description of security or category (including name of security)	(b) Book value	,	(c) Method of valua Cost or end-of-year ma	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
(1)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related.	See Form 990, Part X,	, line 13.		
(a) Description of investment type	(b) Book value	;	(c) Method of valua Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, lin		•		
(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 15.)		>	
Part X Other Liabilities. See Form 990, Part			·	
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2)				
(3)				
(4)			_	
(5)			_	
(6)			_	
(7)				
(8)		I .		
(0)				
(9)				
(10)				
(10)	ine 25.)			
(10)	ine 25.)	a statements that reports the org	ganization's liability for uncerta	iin tax positions under

2. FIN 4 032053 12-20-10

Schedule D (Form 990) 2010

TMMT	CTRI.F	CHILDREN.	TNC
1 14 7 1	OIDIIG	1.0 I III/N Pill .	1 11/1

	rt XI Reconciliation of Change in Net Assets from Form		ancial S		<u> </u>
1				otatomon	13,765,180.
2	Total expenses (Form 990, Part IX, column (A), line 25)				8,894,632.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				4,870,548.
4	Net unrealized gains (losses) on investments				2707070200
5	Donated services and use of facilities				
6					
7	Investment expenses				
8	Prior period adjustments Other (Describe in Part XIV.)				
9	Total adjustments (net). Add lines 4 through 8		9		0.
10	Excess or (deficit) for the year per audited financial statements. Combine lin				4,870,548.
	rt XII Reconciliation of Revenue per Audited Financial St			er Returr	
1					13,765,180.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities				
c	Recoveries of prior year grants				
d					
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1				13,765,180.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)				
	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12				13,765,180.
Pa	rt XIII Reconciliation of Expenses per Audited Financial S	tatements With Ex	kpenses	per Retu	irn
1	Total expenses and losses per audited financial statements				8,894,632.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	8,894,632.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)		5	8,894,632.
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and				
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Al	so complete this part to	provide a	ny additiona	I information.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

OND 110. 10 10 00 11
2010
Open to Public Inspection

Nam	e of the organization					Employer ident	ification number
IN	VISIBLE CHILD	REN. INC				54-21643	38
Pa				tside the United States. Comple	ete if the orgar		
	to Form 990, Par			·			
1				ds to substantiate the amount of the gr			
	grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gra	nts or assistar	nce?	Yes No
2	For grantmakers. Desc	ribe in Part V the	e organization's	procedures for monitoring the use of gr	ant funds outs	side the United St	ates.
3	Activities per Region. (T	he following Parl	I, line 3 table ca	an be duplicated if additional space is r	needed.)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a prod describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
N/A							0.
3 a	Sub-total	0	0				0.
b	Total from continuation sheets to Part I	0	0				0.
С	Totals (add lines 3a and 3b)	0					0.

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

Schedule F (Form 990) 2010

INVISIBLE CHILDREN, INC.

			Outside the United States. On one recipient received more				90, Part IV, line 15, for	
	plicated if additional		,	. ,				
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	I ICI Dogion	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARA AFRICA	EDUCATION	2,355,873.	WIRE	0.		
			recognized as charities by the					
the IRS, or for which to the IRS, or for which to the IRS, or for which to			n 501(c)(3) equivalency letter			> -		1
	<u> </u>						Sched	ule F (Form 990) 2010

Part III Grants and Other Assistance			ates. Complete i	f the organization answered "Yes"	to Form 990, Part	IV, line 16.	
Part III can be duplicated if a	dditional space is neede						
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV | Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2010

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

ALL FUNDS ARE SENT THROUGH WIRE TRANSFER, DIRECTLY TO THE ACCOUNTS HELD

BY INVISIBLE CHILDREN LIMITED, THE NGO IN CENTRAL AFRICA. THE TRANSFERS

ARE SENT TWICE A MONTH, ON THE 1ST AND 15TH OF THE MONTH TO COVER PROGRAM

NEEDS FOR THE CURRENT MONTH.

TRANSFERS MADE ON THE FIRST OF EVERY MONTH ARE DIRECTLY RELATED TO THE

ANNUAL BUDGET SUBMITTED BY INVISIBLE CHILDREN LIMITED AND APPROVED BY OUR

BOARD OF DIRECTORS AS A PART OF THE LARGER ANNUAL BUDGET FOR INVISIBLE

CHILDREN, INC., US. THESE TRANSFERS ARE EXACTLY 1/2 OF THE PRE-APPROVED

ANNUAL BUDGET FOR THE CURRENT MONTH. (EX. THE WIRE SENT ON OCTOBER 1ST,

IS EXACTLY 1/2 OF THE OCTOBER BUDGET APPROVED AS A PART OF THE FY 2010

ANNUAL BUDGET).

THE SECOND TRANSFER SENT, USUALLY ON THE 15TH OF THE MONTH IS SENT FOLLOWING RECEIPT OF A MONTHLY REPORT SUBMITTED FROM THE PROGRAM OFFICE IN CENTRAL AFRICA. THIS REPORT IS TO BE SENT BY THE 12TH OF EACH MONTH. THIS REPORT CONTAINS A REVISED REQUEST FOR THE CURRENT MONTH. (CONTINUING THE EXAMPLE ABOVE, IF THE REQUEST WERE FOR OCTOBER, THIS REQUEST WOULD BE A DETAILED REQUEST FOR THE NEEDS FOR EVERY PROGRAM AREA AT THE ACCOUNT LEVEL FOR THE ENTIRE MONTH). THIS REQUEST IS COMPARED TO THE PRE-APPROVED BUDGET FOR THE MONTH AND EXPLANATIONS ARE REQUIRED FOR ALL VARIANCES/CHANGES IN FUNDING NEEDS. THIS REPORT ALSO CONTAINS A DETAILED REPORT OF THE ACTUAL EXPENDITURES FOR THE PREVIOUS MONTH, AND COMPARES THEM TO THE APPROVED REQUESTED AMOUNTS. VARIANCES ARE EXPLAINED.

THIS REPORT IS REVIEWED BY THE DIRECTOR OF OUR CENTRAL AFRICA PROGRAMS

(WHO WORKS IN THE US) AND THE CFO. UPON SATISFACTION OF ALL INQUIRIES,

Part V | Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

THE REQUESTED AMOUNT IS OFTEN REVISED IF ANY SIGNIFICANT CHANGES ARE

COMMUNICATED AND FINALLY APPROVED. UPON APPROVAL A SECOND WIRE IS SENT

FUNDING THE DIFFERENCE BETWEEN THE FIRST WIRE (CORRESPONDING TO 1/2 OF

THE ANNUAL BUDGET FOR THE CURRENT MONTH) AND THE TOTAL APPROVED FUNDS

REQUEST.

AN EMAIL COMMUNICATING THE TRANSACTION DETAILS OF THE WIRE ARE PASSED

ALONG TO OUR ACCOUNTANT IN CENTRAL AFRICA, AND CONFIRMATION OF RECIEPT IS

RECIPROCATED, INCLUDING THE EXCHANGE RATE.

AS AN ADDITIONAL POINT OF CONTROL. INVISIBLE CHILDREN. INC. (US) PAYS SEVERAL FULL TIME EMPLOYEES WHO WORK ON THE GROUND IN CENTRAL AFRICA. THIS PERSON WORKS ALONG ONE OF WHICH IS THE ASSISTANT COUNTRY DIRECTOR. SIDE THE COUNTRY DIRECTOR TO MANAGE ALL PROGRAMS, AND THE ASSOCIATED THE ASSISTANT COUNTRY DIRECTOR REPORTS DIRECTLY BACK TO THE BUDGETS. DIRECTOR OF OUR CENTRAL AFRICA PROGRAMS IN THE US ON ANY AREAS OF CONCERN RELATED TO THE FISCAL RESPONSIBILITY AND STEWARDSHIP. INVISIBLE INC. (US) DOES NOT MAINTAIN OFFICES IN UGANDA. INVISIBLE CHILDREN, INC. (US) EMPLOYEES UTILIZE THE VARIOUS SCHOOLS AND INVISIBLE CHILDREN, CHILDREN, LTD. (CENTRAL AFRICA) OFFICES.

AS OF YET, WE HAVEN'T HAD ANY ISSUES RELATED TO THE MISALLOCATION OF FUNDS OR QUESTIONABLE EXPENDITURES.

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

ivaine or ti	ie organization INV	ISIBLE	CH	ILDI	REN,	INC.				54-21			umber	
Part I			-			•	n 501(c)(4) organizatio	• •						
	Complete if the organ	nization ansv	vered '	'Yes" d	on Form	990, Part IV,	line 25a or 25b, or Fo	rm 990-E	Z, Part	V, line 40)b.	T		
1	(a) Name of disqualified person						(b) Description	ction			(c) Correcte			
		· ·										Yes	No	
												 		
												++		
												+		
												+		
2 Fnter	the amount of tax impo	osed on the c	rganiz	ation r	nanager	s or disqualifi	ed persons during the	e vear un	der					
			-		_	•	g	-		▶ \$				
3 Enter	the amount of tax, if an													
Part II	Loans to and/or	r From Int	erest	ed P	ersons	S.								
	Complete if the organ	nization ansv	vered '	'Yes" d	on Form	990, Part IV,	line 26, or Form 990-E	Z, Part \	/, line 3					
	ame of interested son and purpose					(b) Loan to or from the organization?		nal principal nount				(f) App by bo comm	(g) W agreer	
		То	Fro	m				Yes	No	Yes	No	Yes	No	
								-						
												 		
												-		
								<u> </u>				+		
								 				+		
												+		
Total		-				> \$!							
Part III	Grants or Assis	tance Ber	efitir	ng In	tereste		S.			•				
	Complete if the organ	nization ansv	vered '	'Yes" d	on Form	990, Part IV,	line 27.							
(a) Name of interested p	person		(b) Relati		een interested person	and				nd type of	f	
						the or	ganization				assistar	ice		
IIIA Farf	Danarwark Baduation	Act Notice	soo th	o Inct	ructions	for Form 00	0 or 000 E7		Sobodu	lo I /For	m 000 c	- 000 E	7) 2010	

Schedule L (Form 990 or 990-EZ) 2010

Page 2

		"Yes" on Form 990, Part IV, line 28a, 2		T	(e) Sha	ring o
(a) Name of i	nterested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organiz rever	zation'
POCRECTIVE	CODIED GYGTEMG	PROGRESSIVE COPIER	0	PROGRESSIVE	Yes	No X
ROGRESSIVE	COFIER SISTEMS	FROGRESSIVE COFIER	0.	FROGRESSIVE		
Part V Supplei	mental Information					
		Il information for responses to question	ns on Schedule I. (see	instructions)		
Complete	this part to provide additiona	il illormation for responses to question	is on ochedule E (see	instructions).		
CH L, PART	IV, BUSINESS T	RANSACTIONS INVOLVI	NG INTEREST	ED PERSONS:		
A NAME OF	DEDGOM. DDOGDE	GGTVE GODTED GVGERM	a			
(A) NAME OF	PERSON: PROGRE	SSIVE COPIER SYSTEM	ა			
(B) RELATION	NSHIP BETWEEN I	NTERESTED PERSON AN	D ORGANIZAT	ION:		
ROGRESSIVE	COPIER SYSTEMS	IS OWNED BY SCOTT	WOLFE			
(D) DESCRIP	TION OF TRANSAC	TION: PROGRESSIVE C	OPTER SYSTE	MS PROVIDES		
(2, 22, 21, 21, 21, 21, 21, 21, 21, 21, 2						
PRINTER, TO	NER AND OTHER O	FFICE SUPPLIES TO T	HE INVISIBI	E CHILDREN.		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Name of the organization INVISIBLE CHILDREN, INC.	Employer identification number 54-2164338
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
CHILDREN THROUGHOUT THE WORLD.	
FORM 990, PART VI, SECTION A, LINE 2: BEN KEESEY (CEO) IS	MARRIED TO
TIFFANY KEESEY (HR DIRECTOR)	
FORM 990, PART VI, SECTION A, LINE 4: INVISIBLE CHILDREN	AMENDED THE
STATEMENT OF PURPOSE IN ITS ARTICLES OF INCORPORATION.	
FORM 990, PART VI, SECTION B, LINE 11: COPIES ARE DISTRIB	UTED AND APPROVED
BY BOARD RESOLUTIONS.	
FORM 990, PART VI, SECTION B, LINE 12C: ANNUAL REPORTING	FORMS ARE
DISTRIBUTED TO BOARD MEMBERS AND REVIEWED BY THE CEO.	
FORM 990, PART VI, SECTION B, LINE 15: COMMITTEE OF DIREC	TORS FORMED TO
RESEARCH ON SALARIES OF COMPARABLE POSITIONS AND THEN PRE	SENTED THIS
RESEARCH TO THE DIRECTORS WHO THEN VOTED TO SET THE COMPE	NSATION.
FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL	STATEMENTS AND
ANNUAL REPORT ARE ON IT'S WEBSITE, ON GUIDESTAR.ORG AND A	RE AVAILABLE UPON
REQUEST	

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 2010 Open to Public Inspection

Name of the organization

INVISIBLE CHILDREN, INC.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Employer identification number 54-2164338

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	ome End-of-year		Direct c	(f) controlling ntity	3
INVISIBLE CHILDREN FEATURE FILM, LLC								
1620 5TH AVENUE, SUITE 400								
SAN DIEGO, CA 92101		CALIFORNIA		0.	0.			
	-							
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	ations (Complete if the organization	I answered "Yes" to Form 990), Part IV, line 34 b	ecause it had one	or more r	elated tax-exer	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		contr	g) 512(b)(13) rolled tity?
		,		501(c)(3))			Yes	No
	_ -							
	_							
For Panerwork Reduction Act Notice see the Instruction	ns for Form 990		1	1		Schedule B /	/Eorm 90	M) 2010

on of Related Organizations Taxable as a Pans treated as a partnership during the tax year	tnership (Complete if t	the organization answered	"Yes" to Form 990, Part	rt IV, line 34 because it had or	ne or more related
i	ion of Related Organizations Taxable as a Par ons treated as a partnership during the tax year.)	ion of Related Organizations Taxable as a Partnership (Complete if tons treated as a partnership during the tax year.)	ion of Related Organizations Taxable as a Partnership (Complete if the organization answered ons treated as a partnership during the tax year.)	ion of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Pa ons treated as a partnership during the tax year.)	ion of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had or ons treated as a partnership during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income			portion- cations?	Code V-UBI amount in box 20 of Schedule	managir	or Percentage ownership
		country)		sections 512-514)		doscio	Yes	No	20 of Schedule K-1 (Form 1065)	Yes N	0

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	
	2.5							

Yes No

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No		
1	During the tax year, did the organization engage in any of the following transaction	is with one or more r	elated organizations listed	l in Parts II-IV?					
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a				
b	Gift, grant, or capital contribution to other organization(s)				1b				
С	Gift, grant, or capital contribution from other organization(s)				1c				
	Loans or loan guarantees to or for other organization(s)				1d				
е	Loans or loan guarantees by other organization(s)				1e				
f	Sale of assets to other organization(s)				1f				
g	Purchase of assets from other organization(s)				1g				
h	Exchange of assets				1h				
i	Lease of facilities, equipment, or other assets to other organization(s)				1i				
j	Lease of facilities, equipment, or other assets from other organization(s)				1j				
k	Performance of services or membership or fundraising solicitations for other organ	ization(s)			1k				
	Performance of services or membership or fundraising solicitations by other organi				11				
	Sharing of facilities, equipment, mailing lists, or other assets				1m				
	n Sharing of paid employees								
О	Reimbursement paid to other organization for expenses				10				
	Reimbursement paid by other organization for expenses				1p				
q	Other transfer of cash or property to other organization(s)				1q				
	Other transfer of cash or property from other organization(s)				1r				
	If the answer to any of the above is "Yes," see the instructions for information on w								
	(a)	(b)	(c)	(d)					
	Name of other organization	Transaction	Amount involved	Method of determining					
		type (a-r)		amount involved					
(1)									
(2)									
(3)									
(4)	4)								
(5)	(5)								
(6)									

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)		d)	(e)	(f)	(g)	(h	1)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all p section organiz	oartners 501(c)(3) ations?	Share of end-of- year assets	tior	ropor- nate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	ral or aging ner?
		country)	Yes			Yes	No	(Form 1065)	Yes	No
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Asset No.	Description	Date Acquire	ed Metho	d Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	PROGRAM SERVICES SEE ATTACHED			000	1.6					522 224		010 010
	* 990 PAGE 10 TOTAL	VARI	ES	.000	16	1,262,892.		0	1,262,892.		0.	218,018.
	PROGRAM SERVICES * GRAND TOTAL 990 PAGE 10 DEPR					1,262,892. 1,262,892.		0.		638,804.		218,018. 218,018.
	TAGE TO DELK					1,202,092.		0.	1,202,032.	050,004.	•	210,010.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

		•	- · g		~ ~	- 4				
alendar year 2010, or fiscal year beginning	JUL	1	, 2010, and ending	JUN	30	,20 <u>1</u>				
Do not send to the IRS. Keep for your records.										

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OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

Name of exempt organization

➤ See instructions. Employer identification number

INVISIBLE CHILDREN, INC.

54-2164338

Name and title of officer

BEN KEESEY

CEO

For c

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	13765180
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here ▶ □ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DIN:	check	one	hox	only
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X authorize CONSIDINE & CONSIDINE	to enter my PIN	64338
ERO firm name		Enter five numbers, b do not enter all zeros
as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also at enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating chaprogram, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature ▶ Date ▶		
Part III Certification and Authentication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

33731394444 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date \triangleright 07/19/12

ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 12-27-10

Form **8879-EO** (2010)