			** PUBLIC DISCLOSURE CON	PY **					
	Λ	00	Return of Organization Exempt Fr	rom I	ncome Tax	OMB No. 1545-0047			
Forr	n <b>J</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue C	Code (exc	ept private foundatio	<sup>ns)</sup> 2016			
		of the Treasury	Do not enter social security numbers on this form as	-	-	Open to Public			
_		enue Service	Information about Form 990 and its instructions is a TTTT 1 201 C			Inspection			
-		1		nding J	UN 30, 2017				
B C	heck if pplicab	le: C Name of	forganization		D Employer identifie	cation number			
	Addre		SIBLE CHILDREN, INC.						
			usiness as		54-2	164338			
	 Initial			oom/suite					
	Final return	V	BOX 73295		(619	)562-2799			
	ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,383,987.			
	Amer returr		INGTON, DC 20056		H(a) Is this a group re				
	Appli tion pend		nd address of principal officer: LISA DOUGAN			? Yes X No			
	-	SAME		507	H(b) Are all subordinates in				
			X 501(c)(3) 501(c)() $◀$ (insert no.) 4947(a)(1) or INVISIBLECHILDREN.COM	527	1	list. (see instructions)			
			X Corporation Trust Association Other ►	I Vear	H(c) Group exemption	State of legal domicile: DC			
		Summary							
	1		be the organization's mission or most significant activities: ${f SEE}$ ${f PA}$	ART I	II, LINE 1.				
nce		5	5		-				
srna	2	2 Check this box  if the organization discontinued its operations or disposed of more than 25% of its net asset							
0V6	3	Number of vot	8						
& G	4	Number of ind	7						
Activities & Governance	5		of individuals employed in calendar year 2016 (Part V, line 2a)			6			
tivil	6		of volunteers (estimate if necessary)			<u>13</u> 0.			
Ac			d business revenue from Part VIII, column (C), line 12			0.			
	a	Net unrelated	business taxable income from Form 990-T, line 34	 I	Prior Year	Current Year			
•	8	Contributions	and grants (Part VIII, line 1h)		1,285,771.	1,054,695.			
Revenue	9		ce revenue (Part VIII, line 2g)		328,856.	325,168.			
eve	10		come (Part VIII, column (A), lines 3, 4, and 7d)		-459.	182.			
æ			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		5,240.	3,942.			
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,619,408.	1,383,987.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)		1,301,525.	912,789.			
	14	-	to or for members (Part IX, column (A), line 4)		0.	0.			
ses	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		373,467.	421,174.			
Expenses	16a	Professional fi	undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) $\blacktriangleright$ 61,474	<u> </u>	0.	0.			
EXE	р 17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		244,873.	288,625.			
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,919,865.	1,622,588.			
	19		expenses. Subtract line 18 from line 12		-300,457.	-238,601.			
or ces					ginning of Current Year	End of Year			
sets alan	20	Total assets (F	Part X, line 16)		613,328.	388,885.			
Net Assets or Fund Balances	21		(Part X, line 26)		46,326.	60,484.			
			fund balances. Subtract line 21 from line 20		567,002.	328,401.			
	nrt II	-							
			I declare that I have examined this return, including accompanying schedules a			/ knowledge and belief, it is			
urue,	corre	ci, and complete.	. Declaration of preparer (other than officer) is based on all information of whicl	ii preparer	nas any knowledge.				

Signature of officer         LISA DOUGAN, CHIEF EXE         Type or print name and title	CUTIVE OFFICER	Date				
Print/Type preparer's name	Preparer's signature	Date Check PTIN				
Firm's name 🕒 GELMAN, ROSENBER	Firm's EIN <b>52-1392008</b>					
Use Only Firm's address 4550 MONTGOMERY AVE SUITE 650N BETHESDA, MD 20814-2930 Phone no. (301)						
S discuss this return with the preparer shown abc	ve? (see instructions)					
	Type or print name and title Print/Type preparer's name Firm's name GELMAN, ROSENBER Firm's address 4550 MONTGOMERY BETHESDA, MD 208 S discuss this return with the preparer shown abo	Print/Type preparer's name Prim's name ► GELMAN, ROSENBERG & FREEDMAN Firm's address ► 4550 MONTGOMERY AVE SUITE 650N				

632001 11-11-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Par	
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	OUR MISSION IS TO END VIOLENCE AND EXPLOITATION FACING OUR WORLD'S
	MOST ISOLATED AND VULNERABLE COMMUNITIES.
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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations 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 \$ 1,171,052. including grants of \$ 912,789.) (Revenue \$ 325,16
ta	PROTECTION: INVISIBLE CHILDREN FOCUSES ON PROMOTING THE PROTECTION OF
	CIVILIANS FROM VIOLENCE THROUGH CONNECTING PEOPLE TO EACH OTHER AND T
	OUTSIDE WORLD, CONFLICT ANALYSIS, AND COMMUNITY RESILIENCE. OVER THE
	PAST DECADE, INVISIBLE CHILDREN HAS CONNECTED REMOTE COMMUNITIES IN
	CENTRAL AFRICA THROUGH ITS EARLY WARNING SYSTEM, FACILITATING
	TWICE-DAILY CALLS AMONG COMMUNITIES IN ONE OF THE WORLD'S MOST INSECU
	PLACES, AND THUS INCREASING THE SAFETY OF MORE THAN 300,000 PEOPLE.
	THOUSANDS OF INCIDENTS OF ARMED GROUP ACTIVITY REPORTED BY THESE
	COMMUNITIES THROUGH THE EARLY WARNING SYSTEM HAVE BEEN REPORTED BY
	INVISIBLE CHILDREN'S CRISIS TRACKER IN NEAR-REAL TIME, AN INNOVATIVE
	CRISIS-MAPPING SOCIAL WEB PLATFORM, ENSURING THE WORLD CANNOT IGNORE
	THE SAFETY ISSUES FACING THESE VULNERABLE POPULATIONS. INVISIBLE
1b	(Code: ) (Expenses \$ 85,699. including grants of \$ ) (Revenue \$
	MOBILIZATION: INVISIBLE CHILDREN FOCUSES ON ENSURING EFFECTIVE POLICI
	TO END VIOLENCE AND SUPPORT AFFECTED COMMUNITIES ARE CREATED BY 1)
	MOBILIZING PEOPLE AROUND THE WORLD TO SUPPORT AND ADVANCE INTERNATION
	EFFORTS TO MAKE CHILDREN AND FAMILIES SAFER, AND 2) ENSURING THAT
	AFFECTED POPULATIONS THEMSELVES ARE ABLE TO ADVOCATE FOR THE NEEDS OF
	THEIR COMMUNITY. OVER THE LAST DECADE, MILLIONS OF AMERICANS AND
	INTERNATIONAL ADVOCATES HAVE RAISED THEIR VOICES ABOUT THE VIOLENCE
	OCCURRING IN CENTRAL AFRICA AND HAVE CALLED ON THEIR ELECTED OFFICIAL
	TO PLAY THEIR PART IN ENHANCING THE SAFETY OF AFFECTED COMMUNITIES.
	BECAUSE OF THE DEDICATED WORK OF THESE ACTIVISTS, WE'VE SEEN OUR
	LEADERS TAKE A NUMBER OF SIGNIFICANT ACTIONS TO HELP END VIOLENCE AND
	SUPPORT THE RECOVERY OF AFFECTED COMMUNITIES.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe in Schedule O.)
1d	
1d	(Expenses \$ including grapts of \$ ) (Revenue \$
	(Expenses \$ including grants of \$ ) (Revenue \$ ) Total program service expenses ► 1,256,751.
	Total program service expenses 1,256,751.
1e	Total program service expenses ► 1,256,751. Form 990
1e	

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Form	990	(2016)	

INVISIBLE CHILDREN, INC.

Pa	rt IV Checklist of Required Schedules			0
			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	Х	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	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			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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		X X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-	х	
h	Schedule D, Parts XI and XII	12a	- 23	
a	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 and XII is optional	12b		x
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	<u> </u>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1-10		
5	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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 other assistance to or for any	1-10		
.5	foreign organization? 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 other assistance to			
	or for foreign individuals? 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			<u> </u>
	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

Form **990** (2016)

632003 11-11-16

Form	990	(2016)
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INVISIBLE CHILDREN, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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		X
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			v
	Schedule K. If "No", go to line 25a	24a		X
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	0.4		
ام	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		<u> </u>
_0	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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		X
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			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x
20	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?If "Yes," complete	31		
32		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, 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	35b		
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		X
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 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2016)

632004 11-11-16

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Form	990 (2016) INVISIBLE CHILDREN, INC. 54-2164	338	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
5	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20		
30		3a		X
		3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30		<u> </u>
4d		10		x
<b>b</b>	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
a	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	-		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the N/A			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
 а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year $\frac{N/A}{12b}$	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
а		IJd		
۰.	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand 13c			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	
		Form	990	(2016)

632005 11-11-16

Form 990 (	(2016)
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#### INVISIBLE CHILDREN, INC.

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.

200	Check if Schedule O contains a response or note to any line in this Part VI				
sec	tion A. Governing Body and Management			Yes	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	165	ľ
iu	If there are material differences in voting rights among members of the governing body, or if the governing		-		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		4		
2			2		ľ
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under	the direct europyicion	·		┢
3			3		
	of officers, directors, or trustees, or key employees to a management company or other person?				╀
4	Did the organization make any significant changes to its governing documents since the prior Form				╀
5	Did the organization become aware during the year of a significant diversion of the organization's a				┝
6	Did the organization have members or stockholders?		6		╀
7a	Did the organization have members, stockholders, or other persons who had the power to elect or		_		
	more members of the governing body?		7a		┝
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or			
	persons other than the governing body?		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		-	v	I
а	The governing body?		8a	X	┞
	Each committee with authority to act on behalf of the governing body?		8b	X	┞
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-				L
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)		1	т
_				Yes	╀
	Did the organization have local chapters, branches, or affiliates?		<b>10</b> a		╀
b	If "Yes," did the organization have written policies and procedures governing the activities of such				l
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		ļ
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the form?	11a	X	ļ
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				l
2a				X	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri		12b	X	L
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," describe			l
	in Schedule O how this was done		12c	X	
3	Did the organization have a written whistleblower policy?			X	
4	Did the organization have a written document retention and destruction policy?		14	X	
5	Did the process for determining compensation of the following persons include a review and appro				ſ
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	1?			
а	The organization's CEO, Executive Director, or top management official		15a	X	ſ
	Other officers or key employees of the organization			X	Γ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				t
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a			[
	taxable entity during the year?		16a		I
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				t
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org				l
	exempt status with respect to such arrangements?		16b		I
ec	tion C. Disclosure				Ì
7	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE	0			
8	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990		) availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (expla	in in Schedule O)			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or		nd finar	ncial	
	statements available to the public during the tax year.	. ,,			
20	State the name, address, and telephone number of the person who possesses the organization's t	books and records:			
	LISA DOUGAN - (619)562-2799				
	P.O. BOX 73295, WASHINGTON, DC 20056				
200	s 11-11-16		Forn	1 <b>990</b>	(;
	6				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
L 0	511 745960 19378 2016.05070 INVISIBLE CHII	LDREN, INC.	193	378	

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

Check if Schedule O contains a response or note to any line 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.

 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) Name and Title	(B) Average hours per week	(do box	not c	(C Pos heck ss pe	<b>C)</b> ition more rson		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LISA DOUGAN CEO & SECRETARY	45.00	x		x				81,000.	0.	0.
(2) MICHAEL POFFENBERGER	1.00			<u>^</u>				01,000.	•	0.
BOARD CHAIR	1.00	x		x				0.	0.	0.
(3) ADAM FINCK	1.00									
BOARD MEMBER		X						0.	0.	0.
(4) PAUL RONAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(5) NOELLE WEST	1.00									
BOARD MEMBER		Х						0.	0.	0.
(6) MARISSA SACKLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) JOCELYN KELLY	1.00							_	_	_
BOARD MEMBER		X						0.	0.	0.
(8) JASON RUSSELL	1.00									
BOARD MEMBER		X						0.	0.	0.
(9) ANDREA RAMSAY	45.00								0	1 0 0 1
CFO & COO				X				75,000.	0.	1,901.
		$\left  \right $								
		╞								
632007 11-11-16		I	I			I	I	1		Form <b>990</b> (2016)

632007 11-11-16

2016.05070 INVISIBLE CHILDREN, INC.

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Form 990 (2016) INVISIBLE CHILDREN, INC. 54-21								164	338	Pa	age <b>8</b>			
Par	t VII Section A. Officers, Directors, Trust		oloy	ees,			ghe	st C						
Name and title Aver hours we			nours per box, unle week officer au			(C) Position not check more than one unless person is both an er and a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related		on amount d other		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org an	ipensa rom th janizat d relat anizati	e ion ed
1b	Sub-total								156,000.		0.		1,9	01.
с	Total from continuation sheets to Part VII Total (add lines 1b and 1c)	, Section A							0. 156,000.		0.		1,9	0. 01.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportabl	e		Yes	0 No
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for su				•	•	•		highest compensated e			3	103	x
4	For any individual listed on line 1a, is the su and related organizations greater than \$150		e co	ompe	ensa	atior	n and	d otl	her compensation from	the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," comp</i> tion B. Independent Contractors					-			-			5		х
1	Complete this table for your five highest cor	npensated inc	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100,000 of com	ipens	ation	from	
	the organization. Report compensation for t (A)	he calendar y	ear e	endi	ng v	vith	or w	ithir I	n the organization's tax y ( <b>B</b> )	year.		(0	וי	
								C		nsatio	n			
								-						
2	Total number of independent contractors (ir	ncluding but n	ot lir	nite	d to	tho	se li	ster	d above) who received m	nore than				
_	\$100,000 of compensation from the organiz	•	- • m		<u>_</u> .0	(	)					Form	<b>990</b> (;	2016)

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Form	n 990	) (ź	2016) INVIS	SIBLE CHI	LDREN, I	NC.		54-2164	338 Page 9
	rt V			nue					
			Check if Schedule O cont	tains a response	or note to any li	ne in this Part VIII			
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues						
s, G			Fundraising events						
Gift lar			Related organizations						
ini ini			Government grants (contribut						
r S		f	All other contributions, gifts, gran	its, and					
ibut			similar amounts not included abo	ve 1f 1,	054,695.				
d O		g	Noncash contributions included in lines	s 1a- 1f: \$	1,360.				
an		h	Total. Add lines 1a-1f			1,054,695.			
					Business Code				
e	2	а	PROTECTION REVE	ENUE	900099	325,168.	325,168.		
Program Service Revenue		b							
ด เ Senu		с							
ran {ev		d							
og		е							
đ		f	All other program service reve	enue					
		g	Total. Add lines 2a-2f			325,168.			
	3		Investment income (including			100			100
			other similar amounts)			182.			182.
	4		Income from investment of ta						
	5		Royalties						
				(i) Real	(ii) Personal	-			
			Gross rents			-			
			Less: rental expenses			-			
			Rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other	-			
			assets other than inventory			-			
		D	Less: cost or other basis						
		_	and sales expenses			-			
			Net gain or (loss)						
			Gross income from fundraisin						
Other Revenue	0	u	including \$	•					
eve			contributions reported on line						
r R			Part IV, line 18	-					
the		b	Less: direct expenses						
0			Net income or (loss) from fund		<b>&gt;</b>				
			Gross income from gaming a						
			Part IV, line 19						
		b	Less: direct expenses						
		с	Net income or (loss) from gan	ning activities	🕨				
	10	а	Gross sales of inventory, less	returns					
			and allowances	а					
		b	Less: cost of goods sold	b					
		с	Net income or (loss) from sale	es of inventory	🕨				
			Miscellaneous Revenu	le	Business Code				2
	11	а	OTHER INCOME		900099	3,942.			3,942.
		b							
		С							
			All other revenue			2 0 4 0			
		е	Total. Add lines 11a-11d			3,942.	225 160	0	1 1 0 4
	12		Total revenue. See instructions.		····· ►	1,383,987.	325,168.	0.	
63200	9 11-	11	- 16						Form <b>990</b> (2016)

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<sup>2016.05070</sup> INVISIBLE CHILDREN, INC. 19378\_1

Part IX Statement of Functional Expenses

INVISIBLE CHILDREN, INC.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respons Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service	<b>(C)</b> Management and	<b>(D)</b> Fundraising
<b>1</b> Grants and other assistance to domestic organizations		expenses	general expenses	expenses
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	912,789.	912,789.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	167,721.	78,359.	70,854.	18,508
6 Compensation not included above, to disqualified				_ ,
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	211,849.	110,234.	89,984.	11,631
8 Pension plan accruals and contributions (include				,
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	9,872.	4,160.	4,485.	1.227
0 Payroll taxes	31,732.	13,817.	14,098.	1,227 3,817
II Fees for services (non-employees):				-,
a Management				
b Legal				
c Accounting	15,200.		15,200.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	123,307.	51,291.	69,838.	2,178
12 Advertising and promotion	3,709.	1,596.	1,714.	2,178 399
13 Office expenses	13,615.	7,235.	5,424.	956
14 Information technology	394.		394.	
15 Royalties				
16 Occupancy	34,342.	15,315.	16,602.	2,425
17 Travel	31,584.	25,655.	4,365.	1,564
18 Payments of travel or entertainment expenses	,			
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,539.	3,167.	372.	
23 Insurance	21,678.	15,745.	4,889.	1,044
24 Other expenses. Itemize expenses not covered		-		
above. (List miscellaneous expenses in line 24e. If line				
24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a MERCHANT ACCT. FEES	16,126.			16,126
b EQUIPMENT	14,979.	7,848.	5,532.	1,599
c INT'L SUPP./PROTECTION	9,540.	9,540.		-
d FEES AND LICENSES	612.	• -	612.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,622,588.	1,256,751.	304,363.	61,474
26 Joint costs. Complete this line only if the organization	, ,	, ,		. ,
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here <b>X</b> if following SOP 98-2 (ASC 958-720)	54,362.	52,960.	0.	1,402

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INVISIBLE	CHILDREN,	INC
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		Check if Schedule O contains a response or not	te to any	/ line in this Part X			
		·			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			157,271.	1	137,397.
	2	Savings and temporary cash investments	400,428.	2	200,911.		
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net			25,043.	4	30,300.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L			5		
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sec					
ţs		employees' beneficiary organizations (see instr)	. Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
∢	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			19,618.	9	12,848.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	283,888.			
	b	Less: accumulated depreciation	10b	282,876.	4,551.	10c	1,012.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	6,417.	15	6,417.		
	16	Total assets. Add lines 1 through 15 (must equ			613,328.	16	388,885.
	17	Accounts payable and accrued expenses			16,826.	17	30,984.
	18	Grants payable		18			
	19	Deferred revenue	29,500.	19	29,500.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to current and forme					
Liabilities		key employees, highest compensated employee					
Liat		Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines				05	
	00	Schedule D Total liabilities. Add lines 17 through 25			46,326.	25 26	60,484.
	26	Organizations that follow SFAS 117 (ASC 958			40,5200	20	00,101
		complete lines 27 through 29, and lines 33 ar					
ice	27	Unrestricted net assets			564,101.	27	325,683.
alan	28	Temporarily restricted net assets			2,901.	28	2,718.
B	20 29				2,5010	20	277200
un	25	Organizations that do not follow SFAS 117 (A		) check here		25	
ц К		and complete lines 30 through 34.	00 000				
ts (	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ne	33	Total net assets or fund balances			567,002.	33	328,401.
	34	Total liabilities and net assets/fund balances			613,328.	34	388,885.
	-				•		Form <b>990</b> (2016

## Part X Balance Sheet

Form 990 (2016)

Form	1990 (2016) INVISIBLE CHILDREN, INC.	54	-2164338	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,383		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,622		
3	Revenue less expenses. Subtract line 2 from line 1	3	-238		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	56	7,0	02.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	328	3,4	01.
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?			Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th			37	
	review, or compilation of its financial statements and selection of an independent accountant?			Х	
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				v
	Act and OMB Circular A-133?		<u>3a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			000	<u> </u>
			Form	99U (	(2016)

Form **990** (2016)

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(Form	990	or	990-	·EZ)
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# 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.

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/	form	990	).
			-

Nar	ne of t	the organization ד אזעד	SIBLE CHIL	DEN TNC					dentification number $4-2164338$
Pa	art I	Reason for Public			omplete th	is part.) S	ee instruction:		4 2104550
		ization is not a private found						5.	
1		A church, convention of ch							
2	H	A school described in sect					•,,~,,•,•		
3	H	A hospital or a cooperative					::)		
4	H	A medical research organiz						Viii) Entor	the beenital's name
-		city, and state:	allori operated in co	injunction with a nospita	i describer	a in Sectio			the hospital's hame,
5		-	or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	init descrit	ned in
Ŭ		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II.)							
6		A federal, state, or local go	, ,	mental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma						he general	public described in
•		section 170(b)(1)(A)(vi). (C			. en a ger			ine general	
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research or				ed in coniı	unction with a	land-grant	college
		or university or a non-land-							
		university:	<u>.</u>			···, -··	,		,:
10		An organization that norma	ally receives: (1) more	e than 33 1/3% of its sur	port from	contributi	ons. members	ship fees, a	and gross receipts from
		activities related to its exer							
		income and unrelated busi							
		See section 509(a)(2). (Co				1	,	5	,
11		An organization organized	• •	ively to test for public sa	afety. See	section 50	09(a)(4).		
12		An organization organized	-	•	•			arry out the	e purposes of one or
		more publicly supported or	-	-	-			-	
		lines 12a through 12d that							
a		<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving
		the supported organization	-	-	•				
		organization. You must o	complete Part IV, Se	ections A and B.					
k	, 🗌	<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	aving
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	oported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	;	Type III functionally inte	egrated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrat	ed with,
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.		
c	ı 🗌	Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection v	with its suppo	rted organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
		requirement (see instruct	tions). <b>You must cor</b>	nplete Part IV, Section	s A and D,	, and Part	<b>v</b> .		
e	,	Check this box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	II, Type III	
		functionally integrated, o	r Type III non-functio	nally integrated support	ing organi	zation.			
1	Ente	er the number of supported	organizations						
<u></u>		vide the following information		ed organization(s).					
	(	i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your govern	anization listed ing document?	(v) Amount of	,	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)
			1	1	1	1	1		1

Total LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 632021 09-21-16 Schedule A (Form 990 or 990-EZ) 2016 13

2016.05070 INVISIBLE CHILDREN, INC.

#### Schedule A (Form 990 or 990-EZ) 2016 INVISIBLE CHILDREN, INC.

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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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4,787,612.	6,203,623.	2,172,959.	1,285,771.	1,054,695.	15,504,660.
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 $\dots$						
4	Total. Add lines 1 through 3	4,787,612.	6,203,623.	2,172,959.	1,285,771.	1,054,695.	15,504,660.
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)						2,055,546.
6	Public support. Subtract line 5 from line 4.						13,449,114.
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	(e) 2016	(f) Total
7	Amounts from line 4	4,787,612.	6,203,623.	2,172,959.	1,285,771.	1,054,695.	15,504,660.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $\dots$	29,885.	4,222.	841.		182.	35,130.
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 VI.)			11,482.	5,240.	3,942.	20,664.
11	Total support. Add lines 7 through 10						15,560,454.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12 2	,121,908.
13	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
See	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2016 (I		-			14	86.43 %
	Public support percentage from 2015					15	99.76 %
<b>16</b> a	<b>33 1/3% support test - 2016.</b> If the c	organization did no	ot check the box or	n line 13, and line 1	14 is 33 1/3% or r	nore, check this bo	
	stop here. The organization qualifies						
b	<b>33 1/3% support test - 2015.</b> If the c	organization did no	ot check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	<b>t - 2016.</b> If the org	anization did not c	heck a box on line	13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and <b>stop h</b>	<b>ere.</b> Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a l	publicly supported	l organization		▶□
b	10% -facts-and-circumstances test	<b>t - 2015.</b> If the org	anization did not c	heck a box on line	13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	neck this box and <b>s</b>	<b>stop here.</b> Explair	n in Part VI how the	
	organization meets the "facts-and-circ	cumstances" test.	The organization of	ualifies as a public	ly supported orga	anization	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	and see instruction	s ►
					Sche	dule A (Form 990	or 990-E7) 2016

Schedule A (Form 990 or 990-EZ) 2016

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#### Schedule A (Form 990 or 990-EZ) 2016 INVISIBLE CHILDREN, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support	í	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(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						
2	Gross receipts from activities that						
3	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						
k	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					-	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for	L	l first socood thi	I rd fourth or fifth to		$\frac{1}{10000000000000000000000000000000000$	
14		-			-		
Se	ction C. Computation of Publ	ic Support Pe	rcentage			<u></u>	·····
	Public support percentage for 2016 (			column (f))		15	%
	Public support percentage from 2015					16	%
	ction D. Computation of Inves						70
	Investment income percentage for 20					17	%
	Investment income percentage for 2					17	%
	a 33 1/3% support tests - 2016. If the						
192							
ł	more than 33 1/3%, check this box a <b>33 1/3% support tests - 2015.</b> If the	organization did r	not check a box o	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%	
_	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	9a, or 19b, check th			
6320	23 09-21-16			15	Sch	edule A (Form §	990 or 990-EZ) 2016
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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

\_\_\_\_\_ 10b | \_\_\_\_\_ Schedule A (Form 990 or 990-EZ) 2016

Yes

No

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in Part VI when and how the organization made the determination.*
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "*Yes*," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		1
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	<b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	2		
000			Vee	No
	Ways a particulty of the superior time is diverticed and the test spectrum and a superior the states of the structure		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		. <u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	).	
2	Activities Test. Answer (a) and (b) below.	ĺ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	0		
~	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	-		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		
63202	5 09-21-16 Schedule A (Form 9	90 or 99	90-EZ)	2016
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#### Schedule A (Form 990 or 990-EZ) 2016 INVISIBLE CHILDREN, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v integrate	ed Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2016

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exe						
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions						
7	Total annual distributions. Add lines 1 through 6						
8	Distributions to attentive supported organizations to which the	he organization is responsive	e				
	(provide details in Part VI). See instructions						
9	Distributable amount for 2016 from Section C, line 6						
10	Line 8 amount divided by Line 9 amount						
		(i)	(ii)	(iii)			
Sacti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable Amount for 2016			
<u> </u>			FTE-2010				
_1	Distributable amount for 2016 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2016 (reason-						
	able cause required- explain in Part VI). See instructions						
3	Excess distributions carryover, if any, to 2016:						
a							
b							
C	From 2013						
d	From 2014						
e	From 2015						
-	Total of lines 3a through e						
	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
i	Carryover from 2011 not applied (see instructions)						
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2016 from Section D,						
	line 7: \$						
-	Applied to underdistributions of prior years						
	Applied to 2016 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2016, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions						
6	Remaining underdistributions for 2016. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions						
7	Excess distributions carryover to 2017. Add lines 3j						
0	and 4c						
8	Breakdown of line 7:						
<u>a</u>	Exercise from 2012						
-	Excess from 2013 Excess from 2014						
-							
	Excess from 2015						
e	Excess from 2016						

Schedule A (Form 990 or 990-EZ) 2016

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Schedule A	(Form 990 or 990-EZ) 2016 INVI	SIBLE CHILDRE	N, INC.		<u>54-21</u> 6	4338 Page
Part VI	Supplemental Information. Part IV, Section A, lines 1, 2, 3b, 3c line 1; Part IV, Section D, lines 2 an Section D, lines 5, 6, and 8; and Pa (See instructions.)	<ul> <li>Provide the explanations</li> <li>4b, 4c, 5a, 6, 9a, 9b, 9c,</li> <li>3; Part IV, Section E, line</li> </ul>	required by Part II, lin 11a, 11b, and 11c; Pa s 1c, 2a, 2b, 3a, and	art IV, Section B, line 3b; Part V, line 1; Par	or 17b; Part III, I s 1 and 2; Part IV t V, Section B, Iir	ine 12; /, Section C, ne 1e; Part V,
32028 09-21-	16		20	Sched	lule A (Form 990	or 990-EZ) 2
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\*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Employer identification number

54-2164338

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

#### INVISIBLE CHILDREN, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't 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) (2016)

Employer identification number

54-2164338

INVISIBLE CHILDREN, INC.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
<u>    1                                </u>		\$500,000.	Person X Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
2		\$175,310.	Person X Payroll Moncash X (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribu
		\$	Person Payroll Noncash (Complete Part II fo noncash contributio
452 10-18-16		\$ Schedule B (Form 22	(Complete F noncash co

Employer identification number

INVISIBLE CHILDREN, INC.

54-2164338

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
2	DONATED OFFICE EQUIPMENT		
		\$1,360.	06/30/17
(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
		\$	
23453 10-1	8-16		90, 990-EZ, or 990-PF)

Name of orga	nization		Employer identification number		
TWATGT	BLE CHILDREN, INC.			54-2164338	
Part III	Exclusively religious, charitable, etc., cont	ributions to organizations described	in section 501(c)(7), (8), or	(10) that total more than \$1,000 for	
	the year from any one contributor. Complete c completing Part III, enter the total of exclusively religious	columns <b>(a)</b> through <b>(e) and</b> the follo s. charitable. etc contributions of \$1.000 o	WING LINE ENTRY. For organizations r less for the year. (Enter this info once )	5 ▶ \$	
	Use duplicate copies of Part III if addition				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held	
Part I	(b) Fulpose of girt	(c) Use of gift		iption of now gift is neid	
.					
·					
·					
		(e) Transfer of gif	't		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	sferor to transferee	
.					
·					
·					
(a) No.		()))	(		
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held	
.					
.					
-		(e) Transfer of git	+		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
.					
(a) No.					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held	
.					
·					
		(e) Transfer of git	I		
	(e) iranster ot giπ				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	Relationship of transferor to transferee	
.					
·					
(a) No. from					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descr	iption of how gift is held	
.					
.					
-		t l			
		·			
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tran	sferor to transferee	
Γ.					
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			Cabadula D	/Form 000, 000 E7, or 000 DE) (001	
23454 10-18-1	סו	24	Schedule B	(Form 990, 990-EZ, or 990-PF) (201	

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2016.05070 INVISIBLE CHILDREN, INC. 19378\_1

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2016
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.	Open to Public

Department Internal Revenue Service

Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on 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," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

<ul> <li>Section 501(c)(4), (5),</li> </ul>	or (6) organizations: Complete Part III.
Norma of organization	

Nar	ne or orga		LE CHILDREN, INC.		Emp	54-2164	
Pa	art I-A		anization is exempt unde	r section 501(c)	or is a section 527 o		
1 2 3	Political	campaign activity expendit	zation's direct and indirect political ures ign activities		►\$	5	
	art I-B		ganization is exempt unde				
1			incurred by the organization unde				
2			incurred by organization manager				
3			n 4955 tax, did it file Form 4720 fo				No No
						Yes	└── No
_	o If "Yes," art I-C	describe in Part IV.	anization is exempt unde	r section 501(c)	except section 501	(c)(3)	
			d by the filing organization for sect		-	<b>(C)(C).</b>	
			ization's funds contributed to othe				
2				<b>v</b>		2	
3			s. Add lines 1 and 2. Enter here an				
Ū						5	
4			1120-POL for this year?				No
5			nployer identification number (EIN)				ization
		, 0	tion listed, enter the amount paid	0 0			
		-	omptly and directly delivered to a	• • •		ate segregated fur	nd or a
	political	action committee (PAC). If	additional space is needed, provic	le information in Part	IV.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of contributions re promptly and delivered to a political orga If none, en	ceived and directly separate nization.
					1		

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

Schedule C (Form 990 or 990-EZ) 2016

Inspection

632041 11-10-16

Schedule C (Form 990 or 990-EZ) 2016 INVI	SIBLE CHILDREN, INC.		164338 Page 2
	ion is exempt under section 501(c)(3) and fil	ed Form 5768 (el	ection under
section 501(h)).			
A Check ► if the filing organization belo	ngs to an affiliated group (and list in Part IV each affiliated	group member's nam	ie, address, EIN,
expenses, and share of exc	ess lobbying expenditures).		
B Check 🕨 🛄 if the filing organization che	cked box A and "limited control" provisions apply.		
	bbying Expenditures means amounts paid or incurred.)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influence pu	blic opinion (grass roots lobbying)	552.	
	egislative body (direct lobbying)	414.	
c Total lobbying expenditures (add lines 1a a	nd 1b)	966.	
		1,621,622.	
e Total exempt purpose expenditures (add lir	nes 1c and 1d)	1,622,588.	
	ount from the following table in both columns.	231,129.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25%)	of line 1f)	57,782.	
h Subtract line 1g from line 1a. If zero or less		0.	
i Subtract line 1f from line 1c. If zero or less,		0.	
	her line 1h or line 1i, did the organization file Form 4720		
•		[	Yes No
(Some organizations that mad	4-Year Averaging Period Under section 501(h) e a section 501(h) election do not have to complete all see the separate instructions for lines 2a through 2f.)		elow.
Lo	obying Expenditures During 4-Year Averaging Period		

Lobbying Expenditures During 4- rear Averaging Period					
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> Total
2a Lobbying nontaxable amount	682,930.	319,224.	245,993.	231,129.	1,479,276.
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					2,218,914.
c Total lobbying expenditures	6,469.	3,038.	2,061.	966.	12,534.
d Grassroots nontaxable amount	170,733.	79,806.	61,498.	57,782.	369,819.
e Grassroots ceiling amount (150% of line 2d, column (e))					554,729.
f Grassroots lobbying expenditures	1,842.	2,391.	1,126.	552.	5,911.

Schedule C (Form 990 or 990-EZ) 2016

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#### Schedule C (Form 990 or 990-EZ) 2016 INVISIBLE CHILDREN, INC.

#### 54-2164338 Page 3

# 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)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
of the	bbbying activity.	Yes	No	Amo	ount
1	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 or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Other activities?				
	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				
с	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?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)(	5), or se	ection	
	501(c)(6).			Yes	No
				Tes	NU
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 Par	t III-B Complete if the organization is exempt under section 501(c)(4), section			ection	
i ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3. is
	answered "Yes."	,	() :	/ .,	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
-	expenditure next year?				
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par		Kath David II	A line of		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	iist); Part II-	A, lines 1 a	and 2 (see	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990 or 990-EZ) 2016

632043 11-10-16

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					OMB No. 1545-0047
			al Financial Statements		2016
•	n 990)	Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		<b>LUIU</b> Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. rm 990) and its instructions is at <i>www.irs.go</i>	v/form990.	Inspection
Nam	e of the organizati	ion		Employe	r identification number
		INVISIBLE CHILDREN	-		54-2164338
Par		-	ed Funds or Other Similar Funds or	Accounts	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lir	ie 6. (a) Donor advised funds	(b) Funds ar	nd other accounts
4	Total number at o	nd of year			
1 2		nd of year			
3		of grants from (during year)			
4		at end of year			
5			writing that the assets held in donor advised f	unds	
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization	on inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only	
	for charitable purp	poses and not for the benefit of the donor o	or donor advisor, or for any other purpose con	ferring	
	impermissible priv				Yes No
Par		•	ganization answered "Yes" on Form 990, Part	IV, line 7.	
1		servation easements held by the organizat	· · · · · · · · · · · · · · · · · · ·		
		n of land for public use (e.g., recreation or e of natural habitat	education) Preservation of a historica	<i>,</i> ,	
		n of open space		ristoric struc	lure
2		• •	fied conservation contribution in the form of a	conservation	easement on the last
2	day of the tax yea	<b>.</b> .			at the End of the Tax Year
а					
с	Number of conser		ructure included in (a)		
d	Number of conser	vation easements included in (c) acquired	after 8/17/06, and not on a historic structure		
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, re	leased, extinguished, or terminated by the org	anization duri	ng the tax
	year 🕨				
4		where property subject to conservation ea			
5	•	ition have a written policy regarding the pe			$\Box$
~		forcement of the conservation easements			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easemer	nts during the year
7			dling of violations, and onforcing consonvation	oppomente di	ring the year
'	► \$	ses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements ut	uning the year
8	-	vation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	.)(B)(i)	
Ū					Yes No
9			ion easements in its revenue and expense sta		••
		-	tion's financial statements that describes the		
_	conservation ease				
Par	t III Organiza	ations Maintaining Collections o	f Art, Historical Treasures, or Othe	er Similar A	ssets.
	Complete i	f the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a			SC 958), not to report in its revenue statement		
			hibition, education, or research in furtherance	of public serv	ice, provide, in Part XIII,
		tnote to its financial statements that descr			
b	-		SC 958), to report in its revenue statement and		
		-	ducation, or research in furtherance of public	service, provid	be the following amounts
	relating to these it			e e	
2			asures, or other similar assets for financial ga		
-	•	unts required to be reported under SFAS 1		, p. 5 1 0 0	
а				▶ \$	
		eduction Act Notice, see the Instruction			edule D (Form 990) 2016
	08-29-16				
			28		

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Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)         a       Upting the organization acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):         a       Dyble cellubition       d       Loan or exchange programs         b       Scholary research       e       Other         c       Preservation for future generations       e       Other         c       Preservation for future generations       e       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization collection?       Yes       No         Part IV       Escrow and Custodial Arrangements. Complete the following table:       Yes       No         b       If Yes, "explain the arrangement in Part XIII and complete the following table:       Id       Amount         c       Beginning balance       id       Amount       Id       Amount         c       Edition on the arrangement in Part XIII and complete the following table count liability?       Yes       No         Di TYes, "explain the arrangement in Part XIII and complete the following table:       Id       Amount       Id       Amount         c       Edition on the intermediaty for contributions or other assets not includea       Amount	Sche	dule D (Form 990) 2016 INVISIB	LE CHILDRE	N, I	NC.			ļ	54-21	6433	8 Pa	age <b>2</b>
check all that apply::       d       Loan or exchange programs         a       Debic exhibition       d       Loan or exchange programs         b       Scholarly research       e       Other         Provide a description of the organization solections and explain how they further the organization's exempt purpose in Part XIII.       During the year, did the organization solections and explain how they further the organization's exempt purpose in Part XIII.         Solitoring the year, did the organization solections and explain how they further the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       The Is the organization anglent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part X, line 21.         1a       Is the organization anglent, trustee, custodian or other intermediary for contributions or other assets not included on form 990, Part XII.       No         b       If "Yes," explain the arrangement in Part XIII. Check here If the explanation inbas been provided on Part XII.       Yes       No         b       Brokinder and current funds. Complete If the organization include an amount on Form 990, Part XII.       Yes       No         b       Detributions       Important the Part XIII. Check here If the explanation inbas been provided on Part XIII.       Yes       No         b       Detributions       Important the asset and programs.       Important the asset and programs.       Important the asset	Par	t III   Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Oth	er Simila	ar Asse	<b>ts</b> (contir	nued)	
a Public exhibition during the year induced and the organization acceleration of the organization's collection?	3	Using the organization's acquisition, access	ion, and other record	ls, checl	k any of the	following that	at are a s	significant (	use of its	collectio	n item	s
b       Scholary research       e       Other		(check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 980, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization include an amount on Form 990, Part X, line 21.         1a       Dating balance         1b       Charding balance         1c       Additions during the year.         1a       Intergrammetric Part XIII. Check here if the explanation has been provided on Part XIII         2b       Dot the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         2b       Part V         1a       Intergrammetric Part XIII. Check here if the explanation has been provided on Part XIII         2b       Chrother organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	а	Public exhibition	d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization as objection?     Part W escrow and a senter than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or     reported an amount on Form 990, Part X, line 21.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2.     Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included     on Form 990, Part X2.     Beginning balance     Is did to additions during the year     Itel     Is this organization include an amount on Form 990, Part X. line 21. for escrow or custodial account lability?     Yes     No     b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII     Part W Endowment Funds. Complete if the organization include an inclusion of the organization include an amount on Form 990, Part X.     Is Beginning of year balance     Is a Beginning of year balance     Is a Contributions     Is a Contribut	b	Scholarly research	e		Other							
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection?     Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.     Is the organization an agent, fustsec, euclocidan or other intermediary for contributions or other assets not included on Form 990, Part X in use c, euclocidan or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.     Is the organization agent, fustsec, euclocidan or other intermediary for contributions or other assets not included on Form 990, Part X     Is a the organization agent, fustsec, euclocidan or other intermediary for contributions or other assets not included on Form 990, Part X     Is a the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?     Is a fust and adving the year     Is a fust and adving the year     Is and the organization answered 'Yes' on Form 990, Part X, line 10.     If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII     Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.     Is designated or quasi-advings, gains, and losses     Is and programs     Is a contributions     Is a contributions     In the organization answered 'Yes' on Form 990, Part X, line 10.     If Administrative expenses     Is and programs     Is a contradiction endowment b 96     Permanent endowment b 96     Pe	С	-										
to be sold to raise funds rather than to be maintained as part of the organization's collection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part X, line 21.       14       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Is the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization include an amount on Form 980, Part X, line 21. for escrow or custodial account liability?       Image: Control of the organization asserted 'Yes' on Form 980, Part IV, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 980, Part IV, line 10.       Image: Control of the organization asserted 'Yes' on Form 980, Part V, line 21.         I a Beginning of year balance       Image: Control of the organization asserted 'Yes' on Form 980, Part V, line 10.       Image: Control of the organ	4								ose in Par	t XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (X)       Ves       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Image: Complete III and Complete IIII and Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	5									-		ı
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c       Beginning balance       1a         d       Additions during the year       1a         e       Distributions during the year       1a         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part X       Ine 10.         Part X       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Ine 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year end balance (line 1g, column (a)) held as:       a       Bead designated or quasi-indownent implete the following table indownent implete the set indownent implete the generalization inse 2a, 2b,	Der											] No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Ves       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Image: Co	Par		-	ete if the	e organizatio	n answered	"Yes" or	n Form 990	), Part IV,	line 9, or		
on Form \$90, Part X?       Yes       No         b If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount         c Beginning balance       1d         d Additions during the year       1d         e Distributions during the year       1d         a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part X       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back         la Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back       (e) Four years back       (e) Four years back       (e) Four years back         la Check bere spenditures for facilities       and programs       dariants or scholarships       dariants or scholarships       dariants or scholarships       degrad balance       four any asset back       four any asset back       four any asset back       four any asset back		· · · · · · · · · · · · · · · · · · ·										
b       If "Yes," explain the arrangement in Part XIII and complete the following table:	та									7.		1
c       Beginning balance       Ic       Amount         d       Additions during the year       Id       Id         e       Distributions during the year       Id       Id         d       Additions during the year       Id       Id         d       Distributions during the year       Id       Id         d       Distributions during the year       Id       Id       Id         d       Distributions during the year       Id       Id       Id       Id         d       Distributions during the year       Id       Id       Id       Id       Id         d       Distributions during the year subst distributions       In       In       Id       In       Id       Id </th <th><b>b</b></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>······ ∟</th> <th>⊥ ¥es</th> <th></th> <th>] NO</th>	<b>b</b>								······ ∟	⊥ ¥es		] NO
c       Beginning balance       ic         id       id         id	D	If Yes," explain the arrangement in Part XIII	and complete the fo	nowing	table:					A.m.o.u.n.		
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: Complete if the organization has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Grants or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a draints or scholarships       (a) Current year       (b) Prior year       (c) Two years back       (e) Four years back         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a back organization advised organization for advised organization       (f) The percentages on line S2, ab, and 2c should equal 100%.         3a Are there endowment l>       %       %       (f) Tree tree constrations       (g) (g) Imoge (g) Provement (g) Pr	•	Paginning balance						10		Amoun		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Image: Contributions       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (d) Current year       (e) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         a       Did the organization answered "Yes" on Form 990, Part IV, line 10.       (d) Three years back       (e) Four years back         a       Contributions       (d) Current year       (e) Two years back       (d) Three years back         b       Contributions       (e) Four years       (e) Four years back       (e) Four years back         c       Not other expenditures for facilities       (e) Controbutions       (e) Four years       (e) Four years         g       End of year balance       (f) Administrative expenses       (f) Administrative expenses       (f) Administrative expenses       (f) Four y												
f       Ending balance												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Image: the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Two years back       (d) Three years back       (e) Four years back         6       Contributions       (c) Two years back       (d) Three years back       (e) Four years         7       Administrative expenses       (d) Administrative expenses       (e) Four year       (f) Administrative expenses         9       End of year balance       ////////////////////////////////////												
b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         d       Administrative expenses       (a) Current year       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back         g       End of year balance       (a) Current year       (a) Current year       (a) Current year       (b) Prior year       (c) Two years back       (d) Two years back       (e) Four years back       (f) The years back       (f) Two years back       (f) Two years back       (f) Two years back       (f) Four years back       fa       fa       fa       fa       fa       fa       <										Yes		No
Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b       Contributions       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         c       Net investment earnings, gains, and losses       (b) Prior year       (c) Two years back       (d) Three years back         c       Net investment earnings, gains, and losses       (c) Current year       (c) Two years back       (e) Four years back         c       Net investment earnings, gains, and losses       (c) Two years back       (d) Three years back       (e) Four years back         d       Orants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         d       Orants or scholarships       (c) Two years back       (d) Three years back       (e) Four years back         d       Orants or scholarships       (c) Two years back       (d) Three years back       (e) Four years         g       Ind of years       The percentage       (f) Three yea												]
1a       Beginning of year balance       Image: Contributions       Image: Contributions         b       Contributions       Image: Contributions       Image: Contributions         c       Net investment earnings, gains, and losses       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants or scholarships       Image: Contributions       Image: Contributions       Image: Contributions         d       Grants       Board designated or scholarships       Image: Contributions       Image: Contributions         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Board designation       Image: Contributions         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       Image: Contributions       Image: Contributions         3       Are there endowment t												
b       Contributions		•	(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
c       Net investment earnings, gains, and losses	1a	Beginning of year balance										
d Grants or scholarships	b	Contributions										
e       Other expenditures for facilities and programs	с	Net investment earnings, gains, and losses										
and programs	d	Grants or scholarships										
f       Administrative expenses	е	Other expenditures for facilities										
g End of year balance		and programs										
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶%         b       Permanent endowment ▶%         c       Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations is listed as required on Schedule R?</li> <li>(iii) are the related organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li><b>3a(i)</b></li> <li><b>3a(ii)</b></li> <li><b>3b</b></li> <li>(iii) cost or other</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>basis (investment)</li> <li>basis (other)</li> <li>(c) Accumulated</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Equipment</li> <li>(d) Cost or other</li> <l< th=""><th>f</th><th>Administrative expenses</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></l<></ul>	f	Administrative expenses										
a Board designated or quasi-endowment ▶%         b Permanent endowment ▶%         c Temporarily restricted endowment ▶%         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	g											
b       Permanent endowment ▶      %         c       Temporarily restricted endowment ▶      %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	2		rent year end baland	e (line 1	g, column (a	a)) held as:						
c       Temporarily restricted endowment ▶       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       urrelated organizations       3a(i)       3a(i)         (ii)       urrelated organizations       3a(i)	а			_%								
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organization subset of the organization's endowment funds.</li> </ul> <ul> <li>(a) Cost or other functions</li> <li>(b) Cost or other function</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Equipment</li> <li>(d) Equipment<th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></li></ul>												
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       Yes       No         (i) unrelated organizations       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       3a(i)       1         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b       3b       1         4 Describe in Part XII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.       3b       1         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value       40 Book value         1a Land	С											
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other b Buildings c Leasehold improvements d Equipment c Other (c) Accumulated (c) Book value (c) Accumulated (c) Accumu	•											
(i) unrelated organizations       3a(i)         (ii) related organizations       3a(ii)         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	3a		ession of the organiz	ation tha	at are neid a	ind administe	ered for 1	the organiz	ation	ſ	Vee	
(ii) related organizations       3a(ii)         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b       Buildings         c       Leasehold improvements         d       Equipment         e       Other		-								20(1)	res	NO
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land	h											
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land												
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land	<u> </u>											
Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation       (d) Book value         1a Land				D, Part IN	/, line 11a. S	See Form 990	0, Part X	, line 10.				
basis (investment)     basis (other)     depreciation       1a Land							· · · · · · · · · · · · · · · · · · ·		d	(d) Boo	k value	 e
b Buildings		· -· -· -· ·· ·· ·· ·· ·· ·· ·· ·· ·· ··								.,==•		
b Buildings	1a	Land										
c Leasehold improvements												
d Equipment         283,888.         282,876.         1,012.           e Other         1         1         1												
e Other					28	3,888.		282,8	76.		1,0	12.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)											-	
	Tota	Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	0c.)					1,0	12.

Schedule D (Form 990) 2016

632052 08-29-16

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨		
Part VIII Investmente Drearem Belated		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

#### Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

#### Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2016

Sche	dule D (Form 990) 2016 INVISIBLE CHILDREN,	INC.	5	54-2	2164338 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial	Statements With			
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statement	s		1	1,429,838.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	45,851.		
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	45,851.
3	Subtract line 2e from line 1			3	1,383,987.
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 XIII.)	4b			_
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lin			5	1,383,987.
Pa	t XII Reconciliation of Expenses per Audited Financia		n Expenses per F	Retu	rn.
Pa	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.			
Pa 1	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements	IV, line 12a.		Retu	rn. 1,668,439.
_	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	IV, line 12a.			
1	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements	IV, line 12a.			
1 2	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	IV, line 12a.			
1 2 a	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	IV, line 12a.			
1 2 a b	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	IV, line 12a. 2a 2b 2c 2d	45,851.		1,668,439.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	IV, line 12a.	45,851.		1,668,439.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	IV, line 12a.	45,851.	1	1,668,439.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>	IV, line 12a.	45,851.	1 2e	1,668,439.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	IV, line 12a.	45,851.	1 2e	1,668,439.
1 2 3 4	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	IV, line 12a.	45,851.	1 2e	1,668,439. 45,851. 1,622,588.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	IV, line 12a.	45,851.	1 2e 3 4c	1,668,439. 45,851. 1,622,588. 0.
1 2 a b c d e 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	IV, line 12a.	45,851.	1 2e 3	1,668,439. 45,851. 1,622,588.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2017 AND 2016, THE ORGANIZATION HAS

DOCUMENTED ITS CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT

PROVIDES GUIDANCE FOR REPORTING UNCERTAINTY IN INCOME TAXES AND HAS

DETERMINED THAT NO MATERIAL UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER

RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

632054 08-29-16

SC		Stateme	nt of Act	ivities Outside the Ur	nited Sta	ates	OMB No. 1545-0047
	rm 990)			n answered "Yes" on Form 990, Part			2016
Denar	tment of the Treasury			Attach to Form 990.			Open to Public
	al Revenue Service	Information ab	out Schedule F	(Form 990) and its instructions is at	www.irs.gov/fe	orm990.	Inspection
Nam	e of the organization					Employer id	entification number
IN	VISIBLE CHI					54-216	
Pa	rt I General In	formation on A	Activities Ou	tside the United States. Comple	ete if the orgar	ization answe	red "Yes" on
	Form 990, Pa	rt IV, line 14b.					
1	-	•		ds to substantiate the amount of its gr the selection criteria used to award the			X Yes No
2	•	escribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistanc	e outside the
2	United States.	(The following Der	t L line 2 table o	an be duplicated if additional apage is	noodod )		
3	(a) Region	(Ine following Par (b) Number of		an be duplicated if additional space is (d) Activities conducted in the region	1	vity listed in (d	) (f) Total
		offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	is a pro describe	gram service, specific type (s) in the regio	expenditures for and investments
				CRANME TO DECIDIENTE			
CIIB.	-SAHARAN AFRICA		0	GRANTS TO RECIPIENTS LOCATED IN REGION			912,789.
	DAHARAN AFRICA		, <u> </u>		PROTECTION	THE	512,705.
					ORGANIZATIO		ON
					PROTECTION	THROUGH	
SUB	-SAHARAN AFRICA	C	3	PROGRAM SERVICE ACTIVITIES	CONNECTING	PEOPLE TO	57,586.
3 a	Sub-total		3				970,375.
	Total from continuati						
	sheets to Part I		0				0.
с	Totals (add lines 3a						
	and 3b)	0	3				970,375.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART V FOR COLUMN (E) DESCRIPTIONS Schedule F (Form 990) 2016

632071 09-21-16

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INVISIBLE CHILDREN, INC.

54-2164338

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA		381,090.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA		323,969.	WIRE TRANSFER	0.		
		SUB-SAHARAN AFRICA		207,730.	WIRE TRANSFER	0.		
the IRS, or for which t	he grantee or counse	el has provided a section	recognized as charities by the					3

Schedule F (Form 990) 2016

Schedule F (Form 990) 2016 INVISIBLE CHILDREN, INC.
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54-2164338

## Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(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 noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2016

Page 3

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)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately 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; do not file with Form 990)	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? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 8621, <i>Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund</i> (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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2016

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF ITS GRANTS AND

OTHER ASSISTANCE OUTSIDE THE UNITED STATES.

ALL FUNDS ARE SENT THROUGH WIRE TRANSFERS DIRECTLY TO THE ACCOUNTS HELD BY INVISIBLE CHILDREN'S ("IC") PROGRAM PARTNERS (NGO'S BASED IN CENTRAL AND EAST AFRICA). THE TRANSFERS ARE SENT ONCE A MONTH TO COVER PROGRAM NEEDS FOR THE CURRENT MONTH.

MONTHLY TRANSFERS ARE DIRECTLY RELATED TO THE ANNUAL BUDGET SUBMITTED BY IC'S PROGRAM PARTNERS AND APPROVED BY IC'S BOARD OF DIRECTORS AS PART OF IC'S ANNUAL BUDGET.

WIRE TRANSFERS ARE MADE ON THE 8TH DAY OF EVERY MONTH FOLLOWING THE SUBMISSION OF A WIRE REQUEST DOCUMENT FROM IC'S PROGRAM PARTNERS. UPON RECEIPT OF THE REQUEST DOCUMENT, THE REPORTS ARE GIVEN TO IC'S CHIEF FINANCE AND OPERATIONS OFFICER AND DIRECTOR OF INTERNATIONAL PROGRAMS TO REVIEW ANY ADDITIONAL FUNDING REQUESTS OR BUDGET REVISIONS. THE AMOUNT IS COMPARED TO THE PRE-APPROVED BUDGET FOR THE MONTH AND EXPLANATIONS ARE REQUIRED FOR ALL VARIANCES/CHANGES IN THE FUNDING NEEDS. UPON SATISFACTION AND APPROVAL OF THE FUNDS REQUESTED, A WIRE IS RELEASED TO SUPPORT PROGRAM ACTIVITIES FOR THE MONTH.

A CONFIRMATION EMAIL, COMMUNICATING THE DETAIL OF THE WIRE, IS SENT TO THE PROGRAM PARTNERS' FINANCE AND MANAGEMENT TEAMS.

 IN ADDITION, TO ENSURE FINANCIAL OVERSIGHT, PROGRAM PARTNERS SEND MONTHLY

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 Schedule F (Form 990) 2016

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 INVISIBLE CHILDREN, INC.
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Part V	Supplemental	Information		

# Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

REPORTS TO ENSURE PROPOSED PROGRAM DELIVERABLES ARE BEING ACHIEVED. THESE

REPORTS ARE REVIEWED TO ASSURE SPENDING IS IN LINE WITH BUDGET

EXPECTATIONS.

IC PAYS FULL-TIME EMPLOYEES AND CONSULTANTS TO WORK ON THE GROUND WITH

PROGRAM PARTNERS IN CENTRAL AND EAST AFRICA AS AN ADDITIONAL MONITORING

PROCESS.

PART I, LINE 3, COLUMN (E):

REGION: SUB-SAHARAN AFRICA

(E) SPECIFIC TYPES OF SERVICES IN REGION: PROTECTION: THE ORGANIZATION

FOCUSES ON PROTECTION THROUGH CONNECTING PEOPLE TO EACH OTHER AND THE

OUTSIDE WORLD, THE PREVENTION OF VIOLENCE, AND COMMUNITY RESILIENCE.

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Open to Public

Inspection

Employer identification number 54-2164338

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Information about Schedule O (Form 990 or 990-EZ) and its instructions is at WWW.irs.gov/form990.

INVISIBLE CHILDREN, INC.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILDREN HAS ALSO PROMOTED THE SAFE SURRENDER OF MEMBERS OF THE LORD'S

RESISTANCE ARMY, CONTRIBUTING TO MORE THAN A 90% REDUCTION IN VIOLENCE

OVER THE PAST DECADE, AND HELPED TO FACILITATE THEIR JOURNEY BACK HOME.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY

MANAGEMENT. A COPY OF THE FORM 990 WAS PROVIDED TO THE BOARD FOR APPROVAL

BEFORE FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST REPORTING FORMS ARE FILLED OUT ANNUALLY BY ALL BOARD MEMBERS WHICH REPORT ALL CONFLICTS AND AFFIRM ADHERENCE TO THE FOLICY. THESE FORMS ARE REVIEWED BY INVISIBLE CHILDREN'S CHAIR OF THE BOARD AND THE ORGANIZATION'S SECRETARY. IF AN ISSUE IS TO BE DECIDED BY THE BOARD THAT INVOLVES A POTENTIAL CONFLICT OF INTEREST FOR A BOARD MEMBER, IT IS THE RESPONSIBILITY OF THE BOARD MEMBER TO:

IDENTIFY AND FULLY DISCLOSE ALL MATERIAL FACTS RELATING TO THE POTENTIAL CONFLICT OF INTEREST.

2. NOT PARTICIPATE IN DISCUSSION OF THE PROGRAM OR MOTION BEING CONSIDERED.

3. NOT VOTE ON THE ISSUE.

IS THE RESPONSIBILITY OF THE BOARD TO: тͲ

ONLY HIRE OR CONTRACT WITH THE BOARD MEMBER OR THE BOARD MEMBER'S CLOSE

RELATIVE IF HE OR SHE IS THE BEST QUALIFIED INDIVIDUAL AVAILABLE, AND

WILLING TO PROVIDE THE GOODS OR SERVICES NEEDED AT THE BEST PRICE.

RECORD THE POTENTIAL CONFLICT OF INTEREST AND THE USE OF THE PROCEDURES LHA For Paperwork Reduction Act Notice. see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016) 632211 08-25-16

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Schedule O (Form 990 or 990-EZ) (2016)	Page <b>2</b>
Name of the organization INVISIBLE CHILDREN, INC.	Employer identification number 54-2164338
AND CRITERIA OF THIS POLICY IN THE BOARD MEETING MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMPENSATION COMMITTEE HAS THE RESFONSIBILI	TY OF OVERSEEING
INVISIBLE CHILDREN'S EXECUTIVE COMPENSATION PROGRAM. THE	COMMITTEE
RECOGNIZES THAT IN ORDER FOR INVISIBLE CHILDREN TO ACHIEV	E ITS AMBITIOUS
GOALS, THE ORGANIZATION MUST BE ABLE TO ATTRACT, RETAIN,	AND REWARD
QUALIFIED EXECUTIVES WHO WILL BE ABLE TO OPERATE EFFECTIV	ELY IN A
CHALLENGING AND COMPLEX ENVIRONMENT. THE COMMITTEE IS CHA	IRED BY A
DISINTERESTED BOARD MEMBER. THE COMMITTEE RESEARCHES SALA	RIES OF COMPARABLE
POSITIONS, REVIEWS PERFORMANCE OF EXECUTIVES, AND THEN RE	COMMENDS THE
COMPENSATION OF SUCH INDIVIDUALS TO THE BOARD AT LARGE. C	OMPENSATION IS SET
BY A BOARD VOTE AFTER REVIEWING THE RECOMMENDATION OF THE	COMMITTEE. THE
EXECUTIVES ARE NOT PRESENT FOR THE VOTE. THE MOST RECENT	REVIEW TOOK PLACE
IN JUNE 2016.	

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL, AR, CA, CT, FL, GA, HI, IL, KS, KY, MD, MI, MN, MS, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA WV,WI

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AND ANNUAL REFDRTS DATING BACK TO 2006 ARE AVAILABLE TO THE PUBLIC ON INVISIBLE CHILDREN'S WEBSITE. COPIES ARE ALSO PROVIDED UPON REQUEST.

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Schedule O (Form 990 or 990-EZ) (2016)

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