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CLIENT'S COPY

COPY

CONSIDINE & CONSIDINE
AN ACCOUNTANCY CORPORATION
1501 FIFTH AVENUE, SUITE 400
SAN DIEGO, CA 92101-3297

MARCH 20, 2007

INVISIBLE CHILDREN, INC.
2705 VIA ORANGE WAY NO. B
SPRING VALLEY, CA 91978

DEAR SIR:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF THE 2005 EXEMPT
ORGANIZATION RETURNS, AS FOLLOWS...

2005 FORM 990

2005 CALIFORNIA FORM 199

2005 CALIFORNIA FORM RRF-1

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE
WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED
FOR YOUR FILES.

THANK YOU! WE APPRECIATE YOUR BUSINESS AND THE OPPORTUNITY
OF PROVIDING THIS SERVICE TO YOU.

VERY TRULY YOURS,

CONSIDINE & CONSIDINE
CERTIFIED PUBLIC ACCOUNTANTS

Filing Instructions

Prepared for:

INVISIBLE CHILDREN, INC.
2705 VIA ORANGE WAY NO. B
SPRING VALLEY, CA 91978

Prepared by:

CONSIDINE & CONSIDINE
1501 FIFTH AVENUE, SUITE 400
SAN DIEGO, CA 92101-3297

2005 FORM 990

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

2005 CALIFORNIA FORM 199

FORM 199 HAS A BALANCE DUE OF\$ 10

THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.
INCLUDE THE ORGANIZATION'S CALIFORNIA CORPORATION/ORGANIZATION NUMBER
AND INCOME YEAR ON THE REMITTANCE.

PLEASE MAIL ON OR BEFORE JUNE 15, 2007.

MAIL TO - FRANCHISE TAX BOARD
P.O. BOX 942857
SACRAMENTO, CA 94257-0701

COPY

Filing Instructions

Prepared for:

INVISIBLE CHILDREN, INC.
2705 VIA ORANGE WAY NO. B
SPRING VALLEY, CA 91978

Prepared by:

CONSIDINE & CONSIDINE
1501 FIFTH AVENUE, SUITE 400
SAN DIEGO, CA 92101-3297

2005 CALIFORNIA FORM RRF-1

CALIFORNIA FORM RRF-1 SHOULD BE SIGNED AND DATED BY AN AUTHORIZED OFFICER.

PLEASE MAIL AS SOON AS POSSIBLE.

MAIL TO - REGISTRY OF CHARITABLE TRUSTS
P.O. BOX 903447
SACRAMENTO, CA 94203-4470

ENCLOSE A CHECK FOR \$150 MADE PAYABLE TO ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS. INCLUDE "FORM RRF-1," THE REPORT YEAR AND THE ORGANIZATION'S STATE CHARITY REGISTRATION NUMBER AND/OR ORGANIZATION NUMBER ON THE REMITTANCE.

A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning JUL 1, 2005 and ending JUN 30, 2006

B Check if applicable: C Name of organization: D Employer identification number: E Telephone number: F Accounting method:

G Website: H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates: H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number: M Check if the organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,135,354.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, investment income, sales of assets, special events, and gross sales of inventory.

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>0</u> . noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc.	142,000.	113,000.	20,000.	9,000.
26 Other salaries and wages	370,320.	261,514.	97,806.	11,000.
27 Pension plan contributions				
28 Other employee benefits				
29 Payroll taxes				
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	44,465.	22,913.	20,986.	566.
34 Telephone				
35 Postage and shipping	245,224.	221,976.	23,248.	
36 Occupancy				
37 Equipment rental and maintenance				
38 Printing and publications				
39 Travel	256,676.	236,824.	3,490.	16,362.
40 Conferences, conventions, and meetings ...				
41 Interest	2,926.	2,926.		
42 Depreciation, depletion, etc. (attach schedule)	17,388.	17,388.		
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 1	1,560,781.	1,377,558.	120,404.	62,819.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	2,639,780.	2,254,099.	285,934.	99,747.

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

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

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	31,775.	56,606.
	46 Savings and temporary cash investments		
	47 a Accounts receivable	209,067.	
	b Less: allowance for doubtful accounts		209,067.
	48 a Pledges receivable	69,250.	
	b Less: allowance for doubtful accounts		69,250.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		346,153.
	53 Prepaid expenses and deferred charges		24,826.
	54 Investments - securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	
	55 a Investments - land, buildings, and equipment: basis	147,261.	
	b Less: accumulated depreciation STMT 3	21,795.	125,466.
	56 Investments - other		
	57 a Land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
	58 Other assets (describe		
59 Total assets (must equal line 74). Add lines 45 through 58	71,441.	831,368.	
Liabilities	60 Accounts payable and accrued expenses		184,385.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		70,000.
	65 Other liabilities (describe		9,968.
66 Total liabilities. Add lines 60 through 65)	0.	264,353.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		
	68 Temporarily restricted		
	69 Permanently restricted		
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds	0.	0.
	71 Paid-in or capital surplus, or land, building, and equipment fund	71,441.	567,015.
	72 Retained earnings, endowment, accumulated income, or other funds	0.	0.
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	71,441.	567,015.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	71,441.	831,368.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	N/A		
c	Dues, assessments, and similar amounts from members		
	85c N/A		
d	Section 162(e) lobbying and political expenditures		
	85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
	86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities		
	86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
	87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed CA		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	21
91 a	The books are in care of BEN KEESEY, CFO Telephone no. 619-562-2799 Located at 2705 VIA ORANGE WAY #B, SPRING VALLEY, CA ZIP + 4 91978		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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

Note: Enter gross amounts unless otherwise indicated.

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

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	PROMPT AWARENESS OF THE ORGANIZATIONS MISSION

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

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

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

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

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

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here Signature of officer _____ Date _____ **OFFICER** Type or print name and title.

Paid Preparer's Use Only Preparer's signature _____ Date 03/20/07 Check if self-employed Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP + 4 **CONSIDINE & CONSIDINE**
1501 FIFTH AVENUE, SUITE 400
SAN DIEGO, CA 92101-3297 EIN _____ Phone no. **619.231.1977**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization INVISIBLE CHILDREN, INC.	Employer identification number 54 2164338
---	---

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A SAME AS ORGANIZATION				
SAME AS ORGANIZATION				
SAME AS ORGANIZATION				
SAME AS ORGANIZATION				
SAME AS ORGANIZATION				
SAME AS ORGANIZATION				
Total number of other employees paid over \$50,000 ▶		0		

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

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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3 a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

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

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

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

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	246,427.				246,427.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	85,356.				85,356.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	331,783.	0.	0.	0.	331,783.
24 Line 23 minus line 17	246,427.				246,427.
25 Enter 1% of line 23	3,318.				

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	4,929.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	246,427.
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	
e Public support (line 26c minus line 26d total)	▶	26e	246,427.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	100.0000%

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2004) _____ (2003) _____ (2002) _____ (2001) _____			
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2004) _____ (2003) _____ (2002) _____ (2001) _____			
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	▶	27d	N/A
e Public support (line 27c total minus line 27d total)	▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	27f	N/A	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

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

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2005

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

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

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

2005 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	COMPUTERS	010105	SL	5.00	16	8,000.			8,000.	800.		1,600.
14	COMPUTERS APPLE COMPUTER	110105	SL	5.00	16	3,803.			3,803.			507.
15	EQUIPMENT	112905	SL	5.00	16	2,185.			2,185.			255.
16	APPLE MONITOR	112905	SL	5.00	16	1,310.			1,310.			153.
17	DELL COMPUTERS APPLE COMPUTER	112905	SL	5.00	16	2,396.			2,396.			280.
18	EQUIPMENT APPLE COMPUTER	120105	SL	5.00	16	4,852.			4,852.			566.
19	EQUIPMENT	120105	SL	5.00	16	4,835.			4,835.			564.
20	MAC MINIS (2)	123005	SL	5.00	16	1,183.			1,183.			118.
21	HD DECKS (2)	012406	SL	5.00	16	7,359.			7,359.			613.
22	COMPUTERS (5)	020206	SL	5.00	16	2,937.			2,937.			245.
23	COMPUTER EQUIPMENT	021506	SL	5.00	16	5,386.			5,386.			449.
24	DELL COMPUTER	030906	SL	5.00	16	1,226.			1,226.			82.
25	DELL COMPUTER	030906	SL	5.00	16	3,066.			3,066.			204.
26	COMPUTER EQUIPMENT	042806	SL	5.00	16	2,691.			2,691.			90.
27	LAPTOPS	051006	SL	5.00	16	5,068.			5,068.			169.
28	COMPUTER	052306	SL	5.00	16	2,294.			2,294.			38.
29	IMAC	053106	SL	5.00	16	2,830.			2,830.			47.
30	IMAC'S (2)	062606	SL	5.00	16	4,660.			4,660.			0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
31	DELL	062706	SL	5.00	16	1,846.			1,846.			0.
32	COMPUTER EQUIPMENT	062906	SL	5.00	16	1,298.			1,298.			0.
33	COMPUTER COMPUTER & PHONE	070105	SL	5.00	16	15,484.			15,484.			3,097.
34	SYSTEM	042406	SL	5.00	16	4,763.			4,763.			159.
	* 990 PAGE 2 TOTAL -					89,472.		0.	89,472.	800.	0.	9,236.
2	CAMERAS EXTRA	010105	SL	5.00	16	17,000.			17,000.	1,700.		3,400.
3	BATTERIES/CHARGERS	010105	SL	5.00	16	2,000.			2,000.	200.		400.
4	LIGHTING EQUIPMENT	010105	SL	5.00	16	6,000.			6,000.	600.		1,200.
5	CAMERA BAGS	010105	SL	5.00	16	2,000.			2,000.	200.		400.
6	STEADY CAMS/TRI-PODS	010105	SL	5.00	16	2,000.			2,000.	200.		400.
7	OTHER SUPPLIES	010105	SL	5.00	16	3,073.			3,073.	307.		615.
8	BOOM MICROPHONES (4)	010105	SL	5.00	16	4,000.			4,000.	400.		800.
9	CAMERA	012606	SL	7.00	16	3,198.			3,198.			190.
10	CAMERA EQUIPMENT	012606	SL	7.00	16	3,000.			3,000.			179.
11	SCREENING EQUIPMENT	020206	SL	7.00	16	9,547.			9,547.			568.
12	CAMERA	063006	SL	7.00	16	2,400.			2,400.			0.
13	CAMERA EQUIPMENT	063006	SL	7.00	16	3,571.			3,571.			0.
	* 990 PAGE 2 TOTAL -					57,789.		0.	57,789.	3,607.	0.	8,152.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
LICENSE & FEES	64,882.	22,588.	35,988.	6,306.
UTILITIES	22,413.	10,125.	12,238.	50.
FILM COSTS	70,980.	70,980.		
UGANDA PROGRAM	487,943.	479,545.	8,398.	
PROFESSIONAL SERVICES	63,131.	41,834.	12,171.	9,126.
INSURANCE	52,233.	32,273.	19,960.	
DIRECT SUPPORT	146,821.	143,937.	2,884.	
PRODUCTION COSTS	433,960.	390,564.		43,396.
RENT	32,369.	20,763.	11,606.	
PROGRAM SUPPLIES	62,773.	47,200.	15,273.	300.
PROGRAM COMMUNICATIONS	120,644.	117,406.		3,238.
ENTERTAINMENT	1,316.	343.	570.	403.
RETREAT	1,316.		1,316.	
TOTAL TO FM 990, LN 43	1,560,781.	1,377,558.	120,404.	62,819.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT 2
PART III		

EXPLANATION

RAISE AWARENESS AND EDUCATING THE U.S. ABOUT THE ATROCITIES, EXPLOITATION AND ABUSE OF INVISIBLE CHILDREN THROUGHOUT THE WORLD.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT 3
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTERS	8,000.	2,400.	5,600.
CAMERAS	17,000.	5,100.	11,900.
EXTRA BATTERIES/CHARGERS	2,000.	600.	1,400.
LIGHTING EQUIPMENT	6,000.	1,800.	4,200.
CAMERA BAGS	2,000.	600.	1,400.
STEADY CAMS/TRI-PODS	2,000.	600.	1,400.
OTHER SUPPLIES	3,073.	922.	2,151.
BOOM MICROPHONES (4)	4,000.	1,200.	2,800.
CAMERA	3,198.	190.	3,008.

CAMERA EQUIPMENT	3,000.	179.	2,821.
SCREENING EQUIPMENT	9,547.	568.	8,979.
CAMERA	2,400.	0.	2,400.
CAMERA EQUIPMENT	3,571.	0.	3,571.
COMPUTERS	3,803.	507.	3,296.
APPLE COMPUTER EQUIPMENT	2,185.	255.	1,930.
APPLE MONITOR	1,310.	153.	1,157.
DELL COMPUTERS	2,396.	280.	2,116.
APPLE COMPUTER EQUIPMENT	4,852.	566.	4,286.
APPLE COMPUTER EQUIPMENT	4,835.	564.	4,271.
MAC MINIS (2)	1,183.	118.	1,065.
HD DECKS (2)	7,359.	613.	6,746.
COMPUTERS (5)	2,937.	245.	2,692.
COMPUTER EQUIPMENT	5,386.	449.	4,937.
DELL COMPUTER	1,226.	82.	1,144.
DELL COMPUTER	3,066.	204.	2,862.
COMPUTER EQUIPMENT	2,691.	90.	2,601.
LAPTOPS	5,068.	169.	4,899.
COMPUTER	2,294.	38.	2,256.
IMAC	2,830.	47.	2,783.
IMAC'S (2)	4,660.	0.	4,660.
DELL	1,846.	0.	1,846.
COMPUTER EQUIPMENT	1,298.	0.	1,298.
COMPUTER	15,484.	3,097.	12,387.
COMPUTER & PHONE SYSTEM	4,763.	159.	4,604.
TOTAL TO FORM 990, PART IV, LN 55	147,261.	21,795.	125,466.

Depreciation and Amortization 990
 (Including Information on Listed Property)

2005
 Attachment
 Sequence No. **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: **INVISIBLE CHILDREN, INC.**
 Business or activity to which this form relates: **FORM 990 PAGE 2**
 Identifying number: **54-2164338**

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,388.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	17,388.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No				24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes		No		Yes		No		Yes		No	
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2005 tax year:					
	:				
	:				
43 Amortization of costs that began before your 2005 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

2006 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

INVISIBLE CHILDREN, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	COMPUTERS	010105	SL	5.00	8,000.		8,000.	2,400.	1,600.
14	COMPUTERS	110105	SL	5.00	3,803.		3,803.	507.	761.
15	APPLE COMPUTER EQUIPMENT	112905	SL	5.00	2,185.		2,185.	255.	437.
16	APPLE MONITOR	112905	SL	5.00	1,310.		1,310.	153.	262.
17	DELL COMPUTERS	112905	SL	5.00	2,396.		2,396.	280.	479.
18	APPLE COMPUTER EQUIPMENT	120105	SL	5.00	4,852.		4,852.	566.	970.
19	APPLE COMPUTER EQUIPMENT	120105	SL	5.00	4,835.		4,835.	564.	967.
20	MAC MINIS (2)	123005	SL	5.00	1,183.		1,183.	118.	237.
21	HD DECKS (2)	012406	SL	5.00	7,359.		7,359.	613.	1,472.
22	COMPUTERS (5)	020206	SL	5.00	2,937.		2,937.	245.	587.
23	COMPUTER EQUIPMENT	021506	SL	5.00	5,386.		5,386.	449.	1,077.
24	DELL COMPUTER	030906	SL	5.00	1,226.		1,226.	82.	245.
25	DELL COMPUTER	030906	SL	5.00	3,066.		3,066.	204.	613.
26	COMPUTER EQUIPMENT	042806	SL	5.00	2,691.		2,691.	90.	538.
27	LAPTOPS	051006	SL	5.00	5,068.		5,068.	169.	1,014.
28	COMPUTER	052306	SL	5.00	2,294.		2,294.	38.	459.
29	IMAC	053106	SL	5.00	2,830.		2,830.	47.	566.
30	IMAC'S (2)	062606	SL	5.00	4,660.		4,660.		932.
31	DELL	062706	SL	5.00	1,846.		1,846.		369.
32	COMPUTER EQUIPMENT	062906	SL	5.00	1,298.		1,298.		260.
33	COMPUTER	070105	SL	5.00	15,484.		15,484.	3,097.	3,097.
34	COMPUTER & PHONE SYSTEM	042406	SL	5.00	4,763.		4,763.	159.	953.
	* 990 PAGE 2 TOTAL -				89,472.		89,472.	10,036.	17,895.
2	CAMERAS	010105	SL	5.00	17,000.		17,000.	5,100.	3,400.
3	EXTRA BATTERIES/CHARGERS	010105	SL	5.00	2,000.		2,000.	600.	400.
4	LIGHTING EQUIPMENT	010105	SL	5.00	6,000.		6,000.	1,800.	1,200.
5	CAMERA BAGS	010105	SL	5.00	2,000.		2,000.	600.	400.
6	STEADY CAMS/TRI-PODS	010105	SL	5.00	2,000.		2,000.	600.	400.
7	OTHER SUPPLIES	010105	SL	5.00	3,073.		3,073.	922.	615.
8	BOOM MICROPHONES (4)	010105	SL	5.00	4,000.		4,000.	1,200.	800.
9	CAMERA	012606	SL	7.00	3,198.		3,198.	190.	457.
10	CAMERA EQUIPMENT	012606	SL	7.00	3,000.		3,000.	179.	429.
11	SCREENING EQUIPMENT	020206	SL	7.00	9,547.		9,547.	568.	1,364.
12	CAMERA	063006	SL	7.00	2,400.		2,400.		343.

YEAR
2005

California Exempt Organization Annual Information Return

FORM
199

MONTH For calendar or fiscal year beginning JULY	DAY 1	YEAR 2005	MONTH and ending JUNE	DAY 30	YEAR 2006
IMPORTANT: Your number is required.					
California corporation number 2585367		Federal employer identification number (FEIN) 54-2164338			
Corporation/Organization name INVISIBLE CHILDREN, INC.					
Address 2705 VIA ORANGE WAY, NO. B				PMB no.	
City SPRING VALLEY, CA		State 91978		ZIP Code	
A Final return? Check applicable box. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Dissolved <input type="checkbox"/> Withdrawn <input type="checkbox"/> Merged/Reorganized (attach explanation) If a box is checked, enter date					
B Check forms filed this year: State: <input type="checkbox"/> 109 <input type="checkbox"/> 100 <input type="checkbox"/> 100S <input type="checkbox"/> 100W Federal: <input checked="" type="checkbox"/> 990 <input type="checkbox"/> 990EZ <input type="checkbox"/> 990T <input type="checkbox"/> 990PF <input type="checkbox"/> 1041 <input type="checkbox"/> 1120H <input type="checkbox"/> 1120					
C If organization is exempt under R&TC Section 23701d and is a school, public charity, religious organization, or is controlled by a religious operation, check box. See General Instruction F. No filing fee is required. <input type="checkbox"/>					
D Is this a group filing? See General Instruction N. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
E Accounting method used CASH					
F Type of organization <input checked="" type="checkbox"/> Exempt under Section 23701 d (insert letter) <input type="checkbox"/> IRC Section 4947(a)(1) trust					

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues <small>(Enclose, but do not staple any payment.)</small>	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8	•	1	
	2 Gross dues and assessments from members and affiliates	•	2	
	3 Gross contributions, gifts, grants, and similar amounts received. See instructions STMT 1	•	3	3,135,354.
	4 Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C	•	4	3,135,354.
	5 Cost of goods sold	•	5	
	6 Cost or other basis, and sales expenses of assets sold	•	6	
	7 Total costs. Add line 5 and line 6	•	7	
	8 Total gross income. Subtract line 7 from line 4	•	8	3,135,354.
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18	•	9	2,639,780.
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	•	10	495,574.
Filing Fee	11 Filing fee \$10 or \$25. See General Instruction F	•	11	10.
	12 Penalty for failure to file on time. See General Instruction L	•	12	
	13 Use tax. See instructions	•	13	
	14 Balance due. Add line 11, line 12, and line 13	•	14	10.

15 If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach form FTB 3509, Political or Legislative Activities by Section 23701d Organizations Yes No

16 Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation and attach copies of revised documents Yes No

17 Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter amount of gross receipts from nonmember sources \$ _____

18 Did the organization file Form 100, Form 100S, 100W, or Form 109 to report taxable income? Yes No
If "Yes," enter amount of total income reported \$ _____

19 The financial records are in care of **BEN KEESEY, CFO** Daytime telephone **619-562-2799**
located at **2705 VIA ORANGE WAY #B, SPRING VALLEY, CA 91978**

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	Daytime telephone
Paid Preparer's Use Only	Paid Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's SSN or PTIN
	Firm's name (or yours, if self-employed) and address			

Signature: _____ Date: **03/20/07** Title: **OFFICER** Daytime telephone: _____

Signature: _____ Date: _____ Check if self-employed Paid preparer's SSN or PTIN: **P00238407**

Firm's name (or yours, if self-employed) and address: **CONSIDINE & CONSIDINE** FEIN **95-2694444**
1501 FIFTH AVENUE, SUITE 400
SAN DIEGO, CA 92101-3297 Daytime telephone **619.231.1977**

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	
	2	Interest	2	
	3	Dividends	3	
	4	Gross rents	4	
	5	Gross royalties	5	
	6	Gross amount received from sale of assets	6	
	7	Other income	7	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	0.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	
	10	Disbursements to or for members	10	
	11	Compensation of officers, directors, and trustees	11	142,000.
	12	Other salaries and wages	12	370,320.
	13	Interest	13	2,926.
	14	Taxes	14	
	15	Rents	15	
	16	Depreciation and depletion	16	17,388.
	17	Other	17	2,107,146.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2,639,780.

Schedule L Balance Sheets

	Beginning of taxable year		End of taxable year	
Assets	(a)	(b)	(c)	(d)
1 Cash		31,775.		56,606.
2 Net accounts receivable				209,067.
3 Net notes receivable				
4 Inventories				346,153.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans (number of loans _____)				
9 Other investments				
10 a Depreciable assets	44,073.		147,261.	
b Less accumulated depreciation	(4,407.)	39,666.	(21,795.)	125,466.
11 Land				
12 Other assets				94,076.
13 Total assets		71,441.		831,368.
Liabilities and net worth				
14 Accounts payable				184,385.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				70,000.
17 Mortgages payable				
18 Other liabilities				9,968.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation		71,441.		567,015.
21 Retained earnings or income fund				
22 Total liabilities and net worth		71,441.		831,368.

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	495,574.	7 Income recorded on books this year not included in this return	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return		Subtract line 9 from line 6	495,574.
6 Total. Add line 1 through line 5	495,574.		

FORM 199 CASH CONTRIBUTIONS OF \$5000 OR MORE STATEMENT 1
 INCLUDED ON PART I, LINE 3

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
CHRISTIAN COMMUNITY FOUNDATION, INC	2925 PROFESSIONAL PLACE, STE 201 COLORADO SPRINGS, CO 80904		30,000.
KRISTEN BELL	200 PARK AVENUE SOUTH, FLOOR 8 NEW YORK, NY 10003		15,000.
UNIVERSITY OF CALIFORNIA	ONE SHIELDS AVENUE DAVIS, CA 95616		12,023.
CALVARY CHAPEL OF SANTA BARBARA	1 N. CALLE CESAR CHAVEZ ST., STE. 21 SANTA BARBARA, CA 93103		10,335.
MARK W MOSLEY	3002 BROOKSIDE DR. COLUMBIA, TN 38401		10,207.
MARK KETTLER	6 EAST YALE LOOP IRVINE, CA 92604		10,000.
BRANDON EBEL	3522 WEST GOVERNMENT WAY SEATTLE, WA 98199		7,211.
BUSINESS SERVICE CENTER KENT H LANDSBERG CO	1900 W UNIVERSITY DR SUITE 101 TEMPE, AZ 85281		5,864.
THE CHURCH OF CHRIST OF CAMPBELL	1075 W. CAMPBELL AVE CAMPBELL, CA 95008		5,596.
DESERT CHRISTIAN MINISTRIES, INC	44662 15TH ST. W LANCASTER, CA 93534		5,487.
PREMIER PRODUCTIONS	PO BOX 5971 HIGH POINT, NC 27262		5,363.
ANSCHUTZ TEXAS, LP	1001 NEXTSTAGE DR GRAND PRAIRIE, TX 75050		5,218.
ANNE & CLAYTON PERFALL	122 S. FAIRFAX ST. ALEXANDRIA, VA 22314		5,000.
MICHAEL RUSCIN	14431 EAGLE POINTE DRIVE CLEARWATER, FL 33762		5,000.
TIMOTHY MCTAGUE	15023 ARBOR RESERVE CIRCLE APT. 303 TAMPA, FL 33624		5,000.
TOTAL INCLUDED ON LINE 3			137,304.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 2

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
SCOTT WOLFE 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	CHAIRMAN OF THE BOARD 0.00	0.
SHERYL RUSSELL 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	MEMBER 0.00	0.
GLENN GUTHRIDGE 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	MEMBER 0.00	0.
JOHN BRADEL 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	MEMBER 0.00	0.
SHAWN PARR 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	MEMBER 0.00	0.
JASON RUSSELL 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	PRESIDENT 50.00	36,000.
BOBBY BAILEY 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	SECRETARY 50.00	36,000.
LAREN POOLE 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	MEMBER 50.00	36,000.
BEN KEESEY 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	CFO 50.00	34,000.
KEVIN RELYEA 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	MEMBER 0.00	0.
RICH MCCULLEN 2705 VIA ORANGE WAY, #B SPRING VALLEY, CA 91978	MEMBER 0.00	0.
TOTAL TO FORM 199, PART II, LINE 11		<hr/> 142,000. <hr/>

FORM 199	OTHER EXPENSES	STATEMENT	3
DESCRIPTION		AMOUNT	
LICENSE & FEES		64,882.	
UTILITIES		22,413.	
FILM COSTS		70,980.	
UGANDA PROGRAM		487,943.	
PROFESSIONAL SERVICES		63,131.	
INSURANCE		52,233.	
DIRECT SUPPORT		146,821.	
PRODUCTION COSTS		433,960.	
RENT		32,369.	
PROGRAM SUPPLIES		62,773.	
PROGRAM COMMUNICATIONS		120,644.	
ENTERTAINMENT		1,316.	
RETREAT		1,316.	
SUPPLIES		44,465.	
POSTAGE AND SHIPPING		245,224.	
TRAVEL		256,676.	
TOTAL TO FORM 199, PART II, LINE 17		2,107,146.	

FORM 199	OTHER ASSETS	STATEMENT	4
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
PLEDGES RECEIVABLE	0.	69,250.	
PREPAID EXPENSES AND DEFERRED CHARGES	0.	24,826.	
TOTAL TO FORM 199, SCHEDULE L, LINE 12	0.	94,076.	

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT	5
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
OTHER NOTES PAYABLE	0.	70,000.	
TOTAL TO FORM 199, SCHEDULE L, LINE 16	0.	70,000.	

FORM 199 OTHER LIABILITIES STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
CAPITAL LEASE	0.	9,968.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	0.	9,968.

COPY

Corporation Depreciation and Amortization

Attach to Form 100 or Form 100W.

FORM 199

FEIN 54-2164338

Corporation name

California corporation number

INVISIBLE CHILDREN, INC.

2585367

Part I Election To Expense Certain Property Under IRC Section 179

1	Maximum deduction under Section 179 for California	1	\$25,000
2	Total cost of Section 179 property placed in service	2	
3	Threshold cost of Section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property (elected Section 179 cost)	7	
8	Total elected cost of Section 179 property. Add amounts in line 6, column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from prior years	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation	
14								
SEE STATEMENT	7	147,261.	4,407.					
15	Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000. See instructions for line 14, column (h)						15	17,388.

Part III Summary

16	Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or Depreciation (if no election is made), enter the amount from line 15, column (g)	16	17,388.
17	Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	17,388.
18	Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section	(f) Period or percentage	(g) Amortization for this year	
19							
20	Total. Add the amounts in column (g)						20
21	Total amortization claimed for federal purposes from federal Form 4562, line 44						21
22	Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12						22

CA 3885		DEPRECIATION				STATEMENT 7	
ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 COMPUTERS	01/01/05	8,000.	800.	SL	5.00	1,600.	
2 CAMERAS	01/01/05	17,000.	1,700.	SL	5.00	3,400.	
3 EXTRA BATTERIES/CHARGERS	01/01/05	2,000.	200.	SL	5.00	400.	
4 LIGHTING EQUIPMENT	01/01/05	6,000.	600.	SL	5.00	1,200.	
5 CAMERA BAGS	01/01/05	2,000.	200.	SL	5.00	400.	
6 STEADY CAMS/TRI-PODS	01/01/05	2,000.	200.	SL	5.00	400.	
7 OTHER SUPPLIES	01/01/05	3,073.	307.	SL	5.00	615.	
8 BOOM MICROPHONES (4)	01/01/05	4,000.	400.	SL	5.00	800.	
9 CAMERA	01/26/06	3,198.		SL	7.00	190.	
10 CAMERA EQUIPMENT	01/26/06	3,000.		SL	7.00	179.	
11 SCREENING EQUIPMENT	02/02/06	9,547.		SL	7.00	568.	
12 CAMERA	06/30/06	2,400.		SL	7.00	0.	
13 CAMERA EQUIPMENT	06/30/06	3,571.		SL	7.00	0.	
14 COMPUTERS	11/01/05	3,803.		SL	5.00	507.	
15 APPLE COMPUTER EQUIPMENT	11/29/05	2,185.		SL	5.00	255.	
16 APPLE MONITOR	11/29/05	1,310.		SL	5.00	153.	
17 DELL COMPUTERS	11/29/05	2,396.		SL	5.00	280.	
18 APPLE COMPUTER EQUIPMENT	12/01/05	4,852.		SL	5.00	566.	
19 APPLE COMPUTER EQUIPMENT	12/01/05	4,835.		SL	5.00	564.	
20 MAC MINIS (2)	12/30/05	1,183.		SL	5.00	118.	
21 HD DECKS (2)	01/24/06	7,359.		SL	5.00	613.	
22 COMPUTERS (5)	02/02/06	2,937.		SL	5.00	245.	
23 COMPUTER EQUIPMENT	02/15/06	5,386.		SL	5.00	449.	

24	DELL COMPUTER					
		03/09/06	1,226.	SL	5.00	82.
25	DELL COMPUTER					
		03/09/06	3,066.	SL	5.00	204.
26	COMPUTER EQUIPMENT					
		04/28/06	2,691.	SL	5.00	90.
27	LAPTOPS					
		05/10/06	5,068.	SL	5.00	169.
28	COMPUTER					
		05/23/06	2,294.	SL	5.00	38.
29	IMAC					
		05/31/06	2,830.	SL	5.00	47.
30	IMAC'S (2)					
		06/26/06	4,660.	SL	5.00	0.
31	DELL					
		06/27/06	1,846.	SL	5.00	0.
32	COMPUTER EQUIPMENT					
		06/29/06	1,298.	SL	5.00	0.
33	COMPUTER					
		07/01/05	15,484.	SL	5.00	3,097.
34	COMPUTER & PHONE SYSTEM					
		04/24/06	4,763.	SL	5.00	159.
TOTAL TO FORM 3885			147,261.	4,407.		17,388.

COPY

MAIL TO:
 Registry of Charitable Trusts
 P. O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 126558 INVISIBLE CHILDREN, INC. <small>Name of Organization</small> 2705 VIA ORANGE WAY, NO. B <small>Address (Number and Street)</small> SPRING VALLEY, CA 91978 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. 2585367 Federal Employer I.D. No. 54-2164338
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2005 ending 06/30/2006) list:
 Gross annual revenue \$ 3,135,354. Total assets \$ 831,368.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number.		X
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?		X

Organization's area code and telephone number **619-562-2799**

Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

OFFICER

Signature of authorized officer	Printed Name	Title	Date
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