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CLIENT'S COPY

COPY

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

NOVEMBER 11, 2009

INVISIBLE CHILDREN, INC.  
1620 5TH AVE NO. 400  
SAN DIEGO, CA 92101-2738

INVISIBLE CHILDREN, INC.:

ENCLOSED ARE THE 2008 EXEMPT ORGANIZATION RETURNS, AS  
FOLLOWS...

2008 FORM 990

2008 CALIFORNIA FORM 199

2008 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

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**2008**

Open to Public Inspection

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 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

|   |  |   |   |
|---|--|---|---|
| <b>B</b> Check if applicable:<br><br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type.<br><br>See Specific Instructions. | <b>C Name of organization</b><br><b>INVISIBLE CHILDREN, INC.</b><br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>1620 5TH AVE 400</b><br>City or town, state or country, and ZIP + 4<br><b>SAN DIEGO, CA 92101-2738</b> | <b>D Employer identification number</b><br><br><b>54-2164338</b>  |
|   |  | <b>E Telephone number</b><br><br><b>619-562-2799</b>  | <b>G Gross receipts \$</b> <b>7,845,111.</b>  |
|   |  | <b>F Name and address of principal officer:</b> <b>BEN KEESEY</b><br><b>SAME AS C ABOVE</b>   | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c) Group exemption number</b> ▶ |
|   |  | <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |
|   |  | <b>J Website:</b> ▶ <b>WWW.INVISIBLECHIDREN.COM</b>   |   |
|   |  | <b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   | <b>L Year of formation:</b> <b>2004</b> <b>M State of legal domicile:</b> <b>CA</b>   |

| Part I Summary              |         |   |  |
|-----------------------------|---------|---|--|
|                             | 1       | Briefly describe the organization's mission or most significant activities: <b>RAISE AWARENESS AND EDUCATING THE U.S. ABOUT THE ATROCITIES, EXPLOITATION AND ABUSE OF INVISIBLE</b> |  |
|                             | 2       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.   |  |
| Activities & Governance     | 3       | Number of voting members of the governing body (Part VI, line 1a)   | 3 9  |
|                             | 4       | Number of independent voting members of the governing body (Part VI, line 1b)   | 4 4  |
|                             | 5       | Total number of employees (Part V, line 2a)   | 5 77   |
|                             | 6       | Total number of volunteers (estimate if necessary)  | 6 150  |
|                             | 7a      | Total gross unrelated business revenue from Part VIII, line 12, column (C)  | 7a 0.  |
|                             | 7b      | Net unrelated business taxable income from Form 990-T, line 34  | 7b 0.  |
|                             | Revenue | 8   | Contributions and grants (Part VIII, line 1h)                    |
| 9                           |         | Program service revenue (Part VIII, line 2g)  | 1,976,404. 2,641,351.  |
| 10                          |         | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 45,326. 12,971.  |
| 11                          |         | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |  |
| 12                          |         | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 7,377,209. 7,839,251.  |
| Expenses                    |         | 13  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
|                             | 14      | Benefits paid to or for members (Part IX, column (A), line 4)   |  |
|                             | 15      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,935,493. 1,909,956.  |
|                             | 16a     | Professional fundraising fees (Part IX, column (A), line 11e)   |  |
|                             | 16b     | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>317,150.</b>   |  |
|                             | 17      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 5,130,508. 4,119,291.  |
|                             | 18      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 7,066,001. 9,014,030.  |
|                             | 19      | Revenue less expenses. Subtract line 18 from line 12  | 311,208. -1,174,779.   |
| Net Assets or Fund Balances | 20      | Total assets (Part X, line 16)  | Beginning of Year 3,215,167. End of Year 2,173,687.              |
|                             | 21      | Total liabilities (Part X, line 26)   | 515,640. 648,939.  |
|                             | 22      | Net assets or fund balances. Subtract line 21 from line 20  | 2,699,527. 1,524,748.  |

|   |   |                         |   |  |
|---|---|-------------------------|---|--|
| <b>Part II Signature Block</b>  |   |                         |   |  |
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. |   |                         |   |  |
| <b>Sign Here</b>  | Signature of officer<br><br><b>BEN KEESEY, CEO</b><br>Type or print name and title  | Date                    |   |  |
| <b>Paid Preparer's Use Only</b>   | Preparer's signature<br><br>Firm's name (or yours if self-employed), address, and ZIP + 4<br><b>CONSIDINE &amp; CONSIDINE</b><br><b>1501 FIFTH AVENUE, SUITE 400</b><br><b>SAN DIEGO, CA 92101-3297</b> | Date<br><b>11/11/09</b> | Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions)<br><br>EIN ▶<br><br>Phone no. ▶ <b>619-231-1977</b> |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission: RAISE AWARENESS AND EDUCATING THE U.S. ABOUT THE ATROCITIES, EXPLOITATION AND ABUSE OF INVISIBLE CHILDREN THROUGHOUT THE WORLD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes", describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes", describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,717,516. including grants of \$ ) (Revenue \$ ) MEDIA BASED AWARENESS AND ADVOCACY PROGRAMS IN THE US.

4b (Code: ) (Expenses \$ 2,972,283. including grants of \$ ) (Revenue \$ ) LONG TERM DEVELOPMENT PROGRAMS IN NORTHERN UGANDA THROUGH EDUCATION AND ECONOMIC OPPORTUNITIES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 7,689,799. (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | X   |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors? .....   | X   |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....  | X   |    |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....  |     |    |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....   |     | 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? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | X  |
| 9   | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....                           |     | X  |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?<br><i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....   | X   |    |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....   | X   |    |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? .....   | X   |    |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i> .....  | X   |    |
| 15  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> .....   | X   |    |
| 16  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> .....   |     | X  |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....  |     | X  |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....  |     | X  |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| 20  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....   |     | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> ..... |     | X  |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| 25a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| 26  | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....  |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:  |     |    |
| <b>a</b>  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> ..... |     | X  |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b>  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....  |     | X  |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....   |     | X  |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>36</b> | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> | 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |

Form 990 (2008)

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>1a</b>  | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable   |            |    |
|            | <b>1a</b> 7  |            |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |            |    |
|            | <b>1b</b> 0  |            |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X          |    |
| <b>2a</b>  | 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  |            |    |
|            | <b>2a</b> 77   |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  | X          |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   |            | X  |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   |            |    |
| <b>3b</b>  |  |            |    |
| <b>4a</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)?   | X          |    |
| <b>b</b>   | If "Yes," enter the name of the foreign country: <b>CAYMAN ISLANDS</b><br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | X  |
| <b>c</b>   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   |            |    |
| <b>5c</b>  |  |            |    |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible?   |            | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |    |
| <b>6b</b>  |  |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  |            | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |            |    |
| <b>7b</b>  |  |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |    |
|            | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            | X  |
| <b>7e</b>  |  |            |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            | X  |
| <b>7f</b>  |  |            |    |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |            | X  |
| <b>7g</b>  |  |            |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  |            | X  |
| <b>7h</b>  |  |            |    |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |            |    |
| <b>8</b>   |  |            |    |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?  |            |    |
| <b>9a</b>  |  |            |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?   |            |    |
| <b>9b</b>  |  |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>  |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>   |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |            |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>   | <b>12b</b> |    |

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body .....  |     | 9  |
| <b>1b</b> | Enter the number of voting members that are independent .....   |     | 4  |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....   | X   |    |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? ..... |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? .....   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets? .....   |     | X  |
| <b>6</b>  | Does the organization have members or stockholders? .....   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? .....   |     | X  |
| <b>7b</b> | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .....   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body? .....   | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body? .....   | X   |    |
| <b>9a</b> | Does the organization have local chapters, branches, or affiliates? .....   |     | X  |
| <b>9b</b> | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? .....  |     |    |
| <b>10</b> | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 .....       |     | X  |
| <b>11</b> | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....      |     | X  |

**Section B. Policies**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13 .....   | X   |    |
| <b>12b</b> | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....  | X   |    |
| <b>12c</b> | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done .....   |     | X  |
| <b>13</b>  | Does the organization have a written whistleblower policy? .....   |     | X  |
| <b>14</b>  | Does the organization have a written document retention and destruction policy? .....  |     | X  |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official? .....  | X   |    |
| <b>15b</b> | Other officers or key employees of the organization? .....   |     | X  |
|            | Describe the process in Schedule O. (see instructions)   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....  |     | X  |
| <b>16b</b> | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ..... |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**  
**JEFFREY WOODCOCK, CFO - 619-562-2799**  
**1620 5TH AVE, STE 400, SAN DIEGO, CA 92101**

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• 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.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

| (A)<br>Name and Title                | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|                                      |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
| JASON RUSSELL<br>FOUNDER/FILM MAKER  | 55.00                         | X                                      |                       | X       |              |                              | 90,000. | 0.   | 0.  |   |
| BOBBY BAILEY<br>FOUNDER/FILM MAKER   | 55.00                         | X                                      |                       | X       |              |                              | 77,250. | 0.   | 0.  |   |
| LAREN POOLE<br>FOUNDER/FILM MAKER    | 55.00                         | X                                      |                       | X       |              |                              | 80,210. | 0.   | 0.  |   |
| BEN KEESEY<br>CEO                    | 55.00                         | X                                      |                       | X       |              |                              | 49,442. | 0.   | 0.  |   |
| JOHN BRADEL<br>DIRECTOR              | 2.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| RICH MCCULLEN<br>DIRECTOR            | 2.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| SCOT WOLFE<br>DIRECTOR               | 2.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| SHERYL RUSSELL<br>DIRECTOR/SECRETARY | 2.00                          | X                                      |                       | X       |              |                              | 0.      | 0.   | 0.  |   |
| ALLEN BERGSTEDT<br>DIRECTOR          | 2.00                          | X                                      |                       |         |              |                              | 0.      | 0.   | 0.  |   |
| JEFFREY WOODCOCK<br>CFO              | 55.00                         |  |                       | X       |              |                              | 74,360. | 0.   | 0.  |   |
| MARGIE DILLENBURG<br>COO             | 55.00                         |  |                       | X       |              |                              | 44,364. | 0.   | 0.  |   |
|                                      |                               |  |                       |         |              |                              |         |  |   |   |
|                                      |                               |  |                       |         |              |                              |         |  |   |   |
|                                      |                               |  |                       |         |              |                              |         |  |   |   |
|                                      |                               |  |                       |         |              |                              |         |  |   |   |
|                                      |                               |  |                       |         |              |                              |         |  |   |   |
|                                      |                               |  |                       |         |              |                              |         |  |   |   |
|                                      |                               |  |                       |         |              |                              |         |  |   |   |



| Part VIII Statement of Revenue                         |   |  | (A)  | (B)  | (C)                        | (D)   |         |  |
|--|---|--|--|--|----------------------------|---|---------|--|
|  |   |  | Total revenue                                | Related or exempt function revenue           | Unrelated business revenue | Revenue excluded from tax under sections 512, 513, or 514 |         |  |
| Contributions, gifts, grants and other similar amounts | 1 a   | Federated campaigns  | 1a   |  |                            |   |         |  |
|  | b   | Membership dues  | 1b   |  |                            |   |         |  |
|  | c   | Fundraising events   | 1c   | 8,735.                                       |                            |   |         |  |
|  | d   | Related organizations  | 1d   |  |                            |   |         |  |
|  | e   | Government grants (contributions)  | 1e   |  |                            |   |         |  |
|  | f   | All other contributions, gifts, grants, and similar amounts not included above   | 1f   | 5176194.                                     |                            |   |         |  |
|  | g   | Noncash contributions included in lines 1a-1f: \$  |  |  |                            |   |         |  |
|  | h   | <b>Total.</b> Add lines 1a-1f  |  | 5,184,929.                                   |                            |   |         |  |
|  | Program Service Revenue   | 2 a  | PROGRAM MATERIAL REVEN                       | Business Code 900099                         | 2,389,697.                 | 2,389,697.  |         |  |
|  |   | b  | BETTER WORLD BOOKS                           | 451211                                       | 251,654.                   | 251,654.  |         |  |
| c  |   |  |  |  |                            |   |         |  |
| d  |   |  |  |  |                            |   |         |  |
| e  |   |  |  |  |                            |   |         |  |
| f  |   | All other program service revenue  |  |  |                            |   |         |  |
| g  |   | <b>Total.</b> Add lines 2a-2f  |  | 2,641,351.                                   |                            |   |         |  |
| Other Revenue  | 3   | Investment income (including dividends, interest, and other similar amounts)   |  | 18,331.                                      |                            |   | 18,331. |  |
|  | 4   | Income from investment of tax-exempt bond proceeds   |  |  |                            |   |         |  |
|  | 5   | Royalties  |  |  |                            |   |         |  |
|  | 6 a   | Gross Rents  | (i) Real                                     |  |                            |   |         |  |
|  |   |  | (ii) Personal                                |  |                            |   |         |  |
|  |   |  | b  | Less: rental expenses                        |                            |   |         |  |
|  |   |  | c  | Rental income or (loss)                      |                            |   |         |  |
|  | d   | Net rental income or (loss)  |  |  |                            |   |         |  |
|  | 7 a   | Gross amount from sales of assets other than inventory   | (i) Securities                               |  |                            |   |         |  |
|  |   |  | (ii) Other                                   |  | 500.                       |   |         |  |
|  |   |  | b  | Less: cost or other basis and sales expenses |                            | 5,860.  |         |  |
|  |   |  | c  | Gain or (loss)                               |                            | -5,360.   |         |  |
|  | d   | Net gain or (loss)   |  | -5,360.                                      | -5,360.                    |   |         |  |
|  | 8 a   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | a  |  |                            |   |         |  |
|  |   |  | b  | Less: direct expenses                        |                            |   |         |  |
|  |   |  | c  | Net income or (loss) from fundraising events |                            |   |         |  |
|  | 9 a   | Gross income from gaming activities. See Part IV, line 19  | a  |  |                            |   |         |  |
| b  |   |  | Less: direct expenses                        |  |                            |   |         |  |
| c  |   |  | Net income or (loss) from gaming activities  |  |                            |   |         |  |
| 10 a   | Gross sales of inventory, less returns and allowances                         | a  |  |  |                            |   |         |  |
|  |   | b  | Less: cost of goods sold                     |  |                            |   |         |  |
|  |   | c  | Net income or (loss) from sales of inventory |  |                            |   |         |  |
| Miscellaneous Revenue                                  |   | Business Code  |  |  |                            |   |         |  |
| 11 a   |   |  |  |  |                            |   |         |  |
| b  |   |  |  |  |                            |   |         |  |
| c  |   |  |  |  |                            |   |         |  |
| d  | All other revenue   |  |  |  |                            |   |         |  |
| e  | <b>Total.</b> Add lines 11a-11d   |  |  |  |                            |   |         |  |
| 12   | <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e |  | 7,839,251.                                   | 2,635,991.                                   | 0.                         | 18,331.   |         |  |

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....  | 12,500.               | 12,500.                         |  |                             |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....  |                       |                                 |  |                             |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....   | 2,972,283.            | 2,972,283.                      |  |                             |
| 4 Benefits paid to or for members .....  |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees .....   | 415,626.              | 267,078.                        | 111,441.                               | 37,107.                     |
| 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 .....   | 1,319,571.            | 1,072,800.                      | 227,933.                               | 18,838.                     |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  |                       |                                 |  |                             |
| 9 Other employee benefits .....  | 27,037.               | 20,301.                         | 6,736.                                 |                             |
| 10 Payroll taxes .....   | 147,722.              | 117,909.                        | 25,114.                                | 4,699.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   |                       |                                 |  |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  |                       |                                 |  |                             |
| 12 Advertising and promotion .....   |                       |                                 |  |                             |
| 13 Office expenses .....   | 80,971.               | 48,776.                         | 31,365.                                | 830.                        |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 279,982.              | 152,992.                        | 95,907.                                | 31,083.                     |
| 17 Travel .....  | 761,865.              | 689,463.                        | 19,471.                                | 52,931.                     |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| 20 Interest .....  | 5,548.                | 4,993.                          |  | 555.                        |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 190,407.              | 171,367.                        |  | 19,040.                     |
| 23 Insurance .....   | 149,760.              | 90,126.                         | 51,326.                                | 8,308.                      |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) .....   |                       |                                 |  |                             |
| a <b>PRODUCTION COSTS</b>  | 975,534.              | 975,534.                        |  |                             |
| b <b>PROFESSIONAL SERVICES</b>   | 404,592.              | 282,390.                        | 42,950.                                | 79,252.                     |
| c <b>POSTAGE</b>   | 261,814.              | 80,220.                         | 169,174.                               | 12,420.                     |
| d <b>PROGRAM SUPPLIES</b>  | 226,807.              | 212,461.                        | 14,074.                                | 272.                        |
| e <b>LICENSE &amp; FEES</b>  | 212,833.              | 75,159.                         | 135,214.                               | 2,460.                      |
| f All other expenses .....   | 569,178.              | 443,447.                        | 76,376.                                | 49,355.                     |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 9,014,030.            | 7,689,799.                      | 1,007,081.                             | 317,150.                    |
| 26 <b>Joint Costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... |                       |                                 |  |                             |

**Part X Balance Sheet**

|   |   | (A)               |            | (B)          |
|---|---|-------------------|------------|--------------|
|   |   | Beginning of year |            | End of year  |
| Assets  | 1 Cash - non-interest-bearing .....   | 35,170.           | 1          | -101,703.    |
|   | 2 Savings and temporary cash investments .....  | 1,907,833.        | 2          | 1,179,737.   |
|   | 3 Pledges and grants receivable, net .....  | 345,620.          | 3          | 153,737.     |
|   | 4 Accounts receivable, net .....  | 39,733.           | 4          | 12,292.      |
|   | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....                            |                   | 5          |              |
|   | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....      |                   | 6          |              |
|   | 7 Notes and loans receivable, net .....   |                   | 7          |              |
|   | 8 Inventories for sale or use .....   | 196,598.          | 8          | 194,571.     |
|   | 9 Prepaid expenses and deferred charges .....   | 41,696.           | 9          | 83,295.      |
|   | 10a Land, buildings, and equipment: cost basis ...  | 10a 1,079,969.    |            |              |
|   | b Less: accumulated depreciation. Complete Part VI of Schedule D .....  | 10b 428,211.      | 648,517.   | 10c 651,758. |
|   | 11 Investments - publicly traded securities .....   |                   | 11         |              |
|   | 12 Investments - other securities. See Part IV, line 11 .....   |                   | 12         |              |
|   | 13 Investments - program-related. See Part IV, line 11 .....  |                   | 13         |              |
|   | 14 Intangible assets .....  |                   | 14         |              |
|   | 15 Other assets. See Part IV, line 11 .....   |                   | 15         |              |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... |   | 3,215,167.        | 16         | 2,173,687.   |
| Liabilities   | 17 Accounts payable and accrued expenses .....  | 187,167.          | 17         | 337,743.     |
|   | 18 Grants payable .....   |                   | 18         |              |
|   | 19 Deferred revenue .....   |                   | 19         |              |
|   | 20 Tax-exempt bond liabilities .....  |                   | 20         |              |
|   | 21 Escrow account liability. Complete Part IV of Schedule D .....   |                   | 21         |              |
|   | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L ..... |                   | 22         |              |
|   | 23 Secured mortgages and notes payable to unrelated third parties .....   |                   | 23         |              |
|   | 24 Unsecured notes and loans payable .....  |                   | 24         |              |
|   | 25 Other liabilities. Complete Part X of Schedule D .....   | 328,473.          | 25         | 311,196.     |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 515,640.          | 26         | 648,939.     |
| Net Assets or Fund Balances   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                              |                   |            |              |
|   | 27 Unrestricted net assets .....  | 674,542.          | 27         | 105,070.     |
|   | 28 Temporarily restricted net assets .....  | 2,024,985.        | 28         | 1,419,678.   |
|   | 29 Permanently restricted net assets .....  |                   | 29         |              |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                   |            |              |
|   | 30 Capital stock or trust principal, or current funds .....   |                   | 30         |              |
|   | 31 Paid-in or capital surplus, or land, building, or equipment fund .....   |                   | 31         |              |
|   | 32 Retained earnings, endowment, accumulated income, or other funds .....   |                   | 32         |              |
| 33 <b>Total net assets or fund balances</b> .....                         | 2,699,527.  | 33                | 1,524,748. |              |
| 34 <b>Total liabilities and net assets/fund balances</b> .....            | 3,215,167.  | 34                | 2,173,687. |              |

**Part XI Financial Statements and Reporting**

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other  |     |    |
| 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  |     | X  |
| b Were the organization's financial statements audited by an independent accountant? .....  | X   |    |
| c If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? ..... | X   |    |
| 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....   |     | X  |
| b If "Yes," did the organization undergo the required audit or audits? .....  |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Reason for Public Charity Status** (All organizations must complete this part.) (see instructions)

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

|  | Yes             | No |
|--|-----------------|----|
| (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ..... | <b>11g(i)</b>   |    |
| (ii) A family member of a person described in (i) above? .....   | <b>11g(ii)</b>  |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....  | <b>11g(iii)</b> |    |
- h Provide the following information about the organizations the organization supports.

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col. (i) listed in your governing document? |    | (v) Did you notify the organization in col. (i) of your support? |    | (vi) Is the organization in col. (i) organized in the U.S.? |    | (vii) Amount of support |
|------------------------------------|----------|---|---|----|--|----|---|----|-------------------------|
|                                    |          |   | Yes   | No | Yes  | No | Yes   | No |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 244,801. | 1809170. | 4723282. | 5355479. | 5184929. | 17317661. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 - 3 .....  | 244,801. | 1809170. | 4723282. | 5355479. | 5184929. | 17317661. |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public Support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 17317661. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4 .....  | 244,801. | 1809170. | 4723282. | 5355479. | 5184929. | 17317661. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                             |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                               |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 17317661. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 85,356.   |

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

|  |           |        |   |
|--|-----------|--------|---|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....   | <b>14</b> | 100.00 | % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....  | <b>15</b> | 100.00 | % |
| <b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>   |           |        |   |
| <b>b 33 1/3% support test - 2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>   |           |        |   |
| <b>17a 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |           |        |   |
| <b>b 10% -facts-and-circumstances test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |           |        |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>  |           |        |   |

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 - 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..... |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                        |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....   |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                               |          |          |          |          |          |           |
| <b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

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

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for <b>2008</b> (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2007</b> Schedule A, Part IV-A, line 27h .....                      | <b>18</b> | % |

**19a 33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

INVISIBLE CHILDREN, INC.

Employer identification number

54-2164338

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

|   |   |
|---|---|
| Name of organization<br><b>INVISIBLE CHILDREN, INC.</b> | Employer identification number<br><b>54-2164338</b> |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | BETTER WORLD BOOKS<br>55740 CURRANT RD<br>MISHAWAKA, IN 46545                            | \$ 120,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | THE NATIONAL CHRISTIAN FOUNDATION<br>11625 RAINWATER DR, STE 500<br>ALPHARETTA, GA 30009 | \$ 135,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | TOM SHADYAK<br>9100 WILLSHIRE BLVD. STE 1000W<br>BEVERLY HILLS, CA 90212                 | \$ 533,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | HUMANITY UNITED FOUNDATION<br>1991 BROADWAY, STE 320<br>REDWOOD CITY, CA 94063           | \$ 500,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
|            |  | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

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

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

▶ **To be completed by organizations described below.**  
▶ **Attach to Form 990 or Form 990-EZ.**

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

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

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

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

**If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><p align="center"><b>INVISIBLE CHILDREN, INC.</b></p> | Employer identification number<br><p align="center"><b>54-2164338</b></p> |
|---|---|

**Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.**

See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ..... ▶ \$ 0.
- 3 Volunteer hours ..... 0.

**Part I-B To be completed by all organizations exempt under section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... ▶ \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).**

See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... ▶ \$ \_\_\_\_\_
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ..... ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? .....  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide 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 political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

**Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

- A** Check  if the filing organization belongs to an affiliated group.  
**B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | 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. |  |  |
| 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.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. Enter -0- if line g is more than line a .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. Enter -0- if line f is more than line c .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No        |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**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 2a through 2f of the instructions.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) Total |
| <b>2a</b> Lobbying non-taxable amount                               |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots non-taxable amount                              |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990 or 990-EZ) 2008

**Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** See the instructions for Schedule C for details.

|  | (a) |    | (b)      |
|--|-----|----|----------|
|  | Yes | No | Amount   |
| <b>1</b> 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: |     |    |          |
| <b>a</b> Volunteers? .....   | X   |    |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  | X   |    |          |
| <b>c</b> Media advertisements? .....   | X   |    | 41,725.  |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     | X  |          |
| <b>e</b> Publications, or published or broadcast statements? .....   |     | X  |          |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  | X   |    | 12,500.  |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   | X   |    | 12,992.  |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? .....   | X   |    | 128,385. |
| <b>i</b> Other activities? If "Yes," describe in Part IV .....   |     | X  |          |
| <b>j</b> Total lines 1c through 1i .....   |     |    | 195,602. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....  |     |    |          |

**Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** See the instructions for Schedule C for details.

|   | Yes | No |
|---|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                     | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                | 2   |    |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? ..... | 3   |    |

**Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** See Schedule C instructions for details.

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | 1  |  |
| <b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |  |
| <b>a</b> Current year .....   | 2a |  |
| <b>b</b> Carryover from last year .....   | 2b |  |
| <b>c</b> Total .....  | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....  | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? ..... | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) .....  | 5  |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

INVISIBLE CHILDREN, INC.

Employer identification number

54-2164338

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|  | (a) Donor advised funds | (b) Funds and other accounts |
|--|-------------------------|------------------------------|
| 1 Total number at end of year .....  |                         |                              |
| 2 Aggregate contributions to (during year) .....   |                         |                              |
| 3 Aggregate grants from (during year) .....  |                         |                              |
| 4 Aggregate value at end of year .....   |                         |                              |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                |                         |                              |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No |                         |                              |

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or pleasure)       Preservation of an historically important land area  
 Protection of natural habitat       Preservation of certified historic structure  
 Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

|  | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements .....   | 2a                          |
| b Total acreage restricted by conservation easements .....                                 | 2b                          |
| c Number of conservation easements on a certified historic structure included in (a) ..... | 2c                          |
| d Number of conservation easements included in (c) acquired after 8/17/06 .....            | 2d                          |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? .....  Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....  Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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's collection?  Yes  No

**Part IV Trust, Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to 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?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses .....                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - c** Term endowment  \_\_\_\_\_ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations .....   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations .....  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

| Description of investment  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land .....   |                                      |                                 |                  |                |
| <b>b</b> Buildings .....   |                                      |                                 |                  |                |
| <b>c</b> Leasehold improvements .....  |                                      |                                 |                  |                |
| <b>d</b> Equipment .....   |                                      |                                 |                  |                |
| <b>e</b> Other .....   |                                      | 1,079,969.                      | 428,211.         | 651,758.       |
| <b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ..... |                                      |                                 |                  | 651,758.       |



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

|    |  |    |             |
|----|--|----|-------------|
| 1  | Total revenue (Form 990, Part VIII, column (A), line 12)                         | 1  | 7,839,251.  |
| 2  | Total expenses (Form 990, Part IX, column (A), line 25)                          | 2  | 9,014,030.  |
| 3  | Excess or (deficit) for the year. Subtract line 2 from line 1                    | 3  | -1,174,779. |
| 4  | Net unrealized gains (losses) on investments                                     | 4  |             |
| 5  | Donated services and use of facilities   | 5  |             |
| 6  | Investment expenses  | 6  |             |
| 7  | Prior period adjustments   | 7  |             |
| 8  | Other (Describe in Part XIV)   | 8  |             |
| 9  | Total adjustments (net). Add lines 4-8   | 9  | 0.          |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | -1,174,779. |

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

|   |   |    |            |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements          | 1  | 7,844,611. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12:               |    |            |
| a | Net unrealized gains on investments   | 2a |            |
| b | Donated services and use of facilities  | 2b |            |
| c | Recoveries of prior year grants   | 2c |            |
| d | Other (Describe in Part XIV)  | 2d | 5,360.     |
| e | Add lines 2a through 2d   | 2e | 5,360.     |
| 3 | Subtract line 2e from line 1  | 3  | 7,839,251. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1:              |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                  | 4a |            |
| b | Other (Describe in Part XIV)  | 4b |            |
| c | Add lines 4a and 4b   | 4c | 0.         |
| 5 | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) | 5  | 7,839,251. |

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

|   |  |    |            |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements                         | 1  | 9,019,390. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25:                  |    |            |
| a | Donated services and use of facilities   | 2a |            |
| b | Prior year adjustments   | 2b |            |
| c | Losses reported on Form 990, Part IX, line 25                                      | 2c |            |
| d | Other (Describe in Part XIV)   | 2d | 5,360.     |
| e | Add lines 2a through 2d  | 2e | 5,360.     |
| 3 | Subtract line 2e from line 1   | 3  | 9,014,030. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1:                 |    |            |
| a | Investment expenses not included on Form 990, Part VIII, line 7b                   | 4a |            |
| b | Other (Describe in Part XIV)   | 4b |            |
| c | Add lines 4a and 4b  | 4c | 0.         |
| 5 | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) | 5  | 9,014,030. |

**Part XIV Supplemental Information**

Complete this part to 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

2D - LOSS ON DISPOSAL OF ASSET

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**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

|   |   |
|---|---|
| <b>Name of the organization</b><br><br>INVISIBLE CHILDREN, INC. | <b>Employer identification number</b><br><br>54-2164338 |
|---|---|

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

| (a) Region          | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures in region |
|---------------------|-------------------------------------|---|--|--|----------------------------------|
| N/A                 | 0                                   | 0   |  |  | 0.                               |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
|                     |                                     |   |  |  |                                  |
| <b>Totals</b> ..... |                                     |   |  |  |                                  |





**Part IV Supplemental Information**

Complete this part to provide the information required by Part I, line 2, and any other additional information.

ALL FUNDS ARE SENT THROUGH WIRE TRANSFER, DIRECTLY TO THE ACCOUNTS HELD BY INVISIBLE CHILDREN LIMITED, THE NGO IN UGANDA. THE TRANSFERS ARE SENT TWICE A MONTH, ON THE 1ST AND 15TH OF THE MONTH TO COVER PROGRAM NEEDS FOR THE CURRENT MONTH.

TRANSFERS MADE ON THE FIRST OF EVERY MONTH ARE DIRECTLY RELATED TO THE ANNUAL BUDGET SUBMITTED BY INVISIBLE CHILDREN LIMITED AND APPROVED BY OUR BOARD OF DIRECTORS AS A PART OF THE LARGER ANNUAL BUDGET FOR INVISIBLE CHILDREN, INC., US. THESE TRANSFERS ARE EXACTLY 1/2 OF THE PRE-APPROVED ANNUAL BUDGET FOR THE CURRENT MONTH. (EX. THE WIRE SENT ON OCTOBER 1ST, IS EXACTLY 1/2 OF THE OCTOBER BUDGET APPROVED AS A PART OF THE FY 2010 ANNUAL BUDGET).

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

THIS REPORT IS REVIEWED BY THE DIRECTOR OF OUR UGANDA PROGRAMS (WHO WORKS IN THE US) AND THE CFO. UPON SATISFACTION OF ALL INQUIRIES, THE REQUESTED AMOUNT IS OFTEN REVISED IF ANY SIGNIFICANT CHANGES ARE

**Part IV** Supplemental Information

Complete this part to provide the information required by Part I, line 2, and any other additional information.

COMMUNICATED AND FINALLY APPROVED. UPON APPROVAL A SECOND WIRE IS SENT FUNDING THE DIFFERENCE BETWEEN THE FIRST WIRE (CORRESPONDING TO 1/2 OF THE ANNUAL BUDGET FOR THE CURRENT MONTH) AND THE TOTAL APPROVED FUNDS REQUEST.

AN EMAIL COMMUNICATING THE TRANSACTION DETAILS OF THE WIRE ARE PASSED ALONG TO OUR ACCOUNTANT IN UGANDA, AND CONFIRMATION OF RECIEPT IS RECIPROCATED, INCLUDING THE EXCHANGE RATE.

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

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

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

INVISIBLE CHILDREN, INC.

Employer identification number

54-2164338

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHILDREN THROUGHOUT THE WORLD.

FORM 990, PART VI, SECTION A, LINE 2: JASON RUSSEL (FOUNDER/FILMMAKER) IS MARRIED TO DANICA RUSSELL (EMPLOYEE); BEN KEESEY (CEO) IS MARRIED TO TIFFANY KEESEY (HR DIRECTOR); KATIE BRADEL (EMPLOYEE) IS THE DAUGHTER OF JOHN BRADEL (DIRECTOR); SHERYL RUSSEL (DIRECTOR/SECRETARY) IS THE MOTHER OF JASON RUSSEL (FOUNDER/FILMMAKER)

FORM 990, PART VI, SECTION A, LINE 10: THE CFO & CEO REVIEW THE RETURN BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 15: COMMITTEE OF DIRECTORS FORMED TO RESEARCH ON SALARIES OF COMPARABLE POSITIONS AND THEN PRESENTED THIS RESEARCH TO THE DIRECTORS WHO THEN VOTED TO SET THE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS AND ANNUAL REPORT ARE ON IT'S WEBSITE, ON GUIDESTAR.ORG AND ARE AVAILABLE UPON REQUEST

THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

2008 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

990

| Asset No. | Description                          | Date Acquired | Method | Life | Conv | Line No. | Unadjusted Cost Or Basis | Bus % Excl | Section 179 Expense | * Reduction In Basis | Basis For Depreciation | Beginning Accumulated Depreciation | Current Sec 179 Expense | Current Year Deduction | Ending Accumulated Depreciation |
|-----------|--------------------------------------|---------------|--------|------|------|----------|--------------------------|------------|---------------------|----------------------|------------------------|------------------------------------|-------------------------|------------------------|---------------------------------|
|           | PROGRAM SERVICES                     |               |        |      |      |          |                          |            |                     |                      |                        |                                    |                         |                        |                                 |
| 1         | SEE ATTACHED SCHEDULE                | VARIOUS       |        | .000 |      | HY16     | 1,079,969.               |            |                     |                      | 1,079,969.             | 239,183.                           |                         | 189,028.               | 428,211.                        |
| 2         | (D)VAN                               | 12/20/06      | SL     | 5.00 |      | HY16     | 10,342.                  |            |                     |                      | 10,342.                | 3,102.                             |                         | 1,379.                 |                                 |
|           | * 990 PAGE 10 TOTAL PROGRAM SERVICES |               |        |      |      |          | 1,090,311.               |            |                     |                      | 1,090,311.             | 242,285.                           |                         | 190,407.               | 428,211.                        |
|           | * GRAND TOTAL 990 PAGE 10 DEPR       |               |        |      |      |          | 1,090,311.               |            |                     |                      | 1,090,311.             | 242,285.                           |                         | 190,407.               | 428,211.                        |

**Depreciation and Amortization** 990  
 (Including Information on Listed Property)

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

|  |  |   |
|--|--|---|
| Name(s) shown on return<br><b>INVISIBLE CHILDREN, INC.</b> | Business or activity to which this form relates<br><b>FORM 990 PAGE 10</b> | Identifying number<br><b>54-2164338</b> |
|--|--|---|

**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 .....  | <b>1</b>  | <b>250,000.</b> |
| 2 Total cost of section 179 property placed in service (see instructions) .....   | <b>2</b>  |                 |
| 3 Threshold cost of section 179 property before reduction in limitation .....   | <b>3</b>  | <b>800,000.</b> |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- .....  | <b>4</b>  |                 |
| 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions ..... | <b>5</b>  |                 |
| <b>6</b> (a) Description of property (b) Cost (business use only) (c) Elected cost  |           |                 |
|   |           |                 |
|   |           |                 |
|   |           |                 |
|   |           |                 |
| 7 Listed property. Enter the amount from line 29 .....  | <b>7</b>  |                 |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 .....  | <b>8</b>  |                 |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 .....  | <b>9</b>  |                 |
| 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 .....  | <b>10</b> |                 |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 .....  | <b>11</b> |                 |
| 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 .....  | <b>12</b> |                 |
| 13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 .....  | <b>13</b> |                 |

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 depreciation for qualified property (other than listed property) placed in service during the tax year ..... | <b>14</b> |                 |
| 15 Property subject to section 168(f)(1) election .....   | <b>15</b> |                 |
| 16 Other depreciation (including ACRS) .....  | <b>16</b> | <b>190,407.</b> |

**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 2008 .....  | <b>17</b>                |  |
| 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 2008 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 |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property            |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property              |                                      |  |                     |                |            |                            |
| <b>c</b> 7-year property              |                                      |  |                     |                |            |                            |
| <b>d</b> 10-year property             |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property             |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property             |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| <b>h</b> Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                       | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                       | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

|   |           |                 |
|---|-----------|-----------------|
| 21 Listed property. Enter amount from line 28 .....   | <b>21</b> |                 |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.<br>Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. .... | <b>22</b> | <b>190,407.</b> |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs .....  | <b>23</b> |                 |

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? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed 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: Table with 9 columns for property details.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details.

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.

Table for Section B with 6 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and personal use questions.

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.

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy and use questions.

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

Table with 6 columns: (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 2008 tax year: Table with 6 columns for amortization details.

43 Amortization of costs that began before your 2008 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2008, or fiscal year beginning JUL 1, 2008, and ending JUN 30, 2009

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**INVISIBLE CHILDREN, INC.**

**54-2164338**

Name and title of officer

**BEN KEESEY  
CEO**

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

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

|   |  |                          |
|---|--|--------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, line 12) .....                     | <b>1b</b> <u>7839251</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                   | <b>2b</b> _____          |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                            | <b>3b</b> _____          |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) ..... | <b>4b</b> _____          |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance Due (Form 8868, line 3c) .....                              | <b>5b</b> _____          |

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize CONSIDINE & CONSIDINE to enter my PIN 64338  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2008 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 33731394444  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2008 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ 11/11/09

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

# California Exempt Organization Annual Information Return

Calendar Year 2008 or fiscal year beginning month **JULY** day **1** year **2008**, and ending month **JUNE** day **30** year **2009**.

**A** First Return Filed?  Yes  No **B** Type of organization Exempt under Section 23701 **d** (insert letter)  
 IRC Section 4947(a)(1) trust

CORP #  
**2585367**

Corporation/Organization Name  
**INVISIBLE CHILDREN, INC.**

FEIN  
**54-2164338**

Address  
**1620 5TH AVE, NO. 400**

City  
**SAN DIEGO**

State  
**CA**

ZIP Code  
**92101-2738**

**C** Amended Return?  Yes  No

**D** Are you a subordinate/affiliate in a group exemption?  Yes  No

**(a)** Is this a group filing for affiliates? See General Instruction L  Yes  No

**(b)** If "Yes," enter the number of affiliates

**(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

**(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**(e)** Federal Group Exemption Number

**(f)** Is a roster of subordinates attached?  Yes  No

**E** Final return?  
 Dissolved  Surrendered (Withdrawn)  
 Merged/Reorganized (attach explanation)

If a box is checked, enter date

**F** Check the box if the organization filed: (1)  990T (2)  990PF (3)  990H

**G** If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required.

**H** Accounting method used (1)  Cash (2)  Accrual (3)  Other

**I** 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

**J** 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

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

**L** Is the organization under audit by the IRS or has the IRS audited in a prior year?  Yes  No

**M** Is the organization a Limited Liability Corporation?  Yes  No

**N** Did the organization file Form 100 or Form 109 to report taxable income?  Yes  No

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

|                       |    |  |      |               |
|-----------------------|----|--|------|---------------|
| Receipts and Revenues | 1  | Gross sales or receipts from other sources. From Side 2, Part II, line 8   | • 1  | 2,660,182.00  |
|                       | 2  | Gross dues and assessments from members and affiliates   | • 2  | 00            |
|                       | 3  | Gross contributions, gifts, grants, and similar amounts received <b>STMT 1</b>   | • 3  | 5,184,929.00  |
|                       | 4  | Total gross receipts for filing requirement test. Add line 1 through line 3.<br><b>This line must be completed.</b> If the result is less than \$25,000, see General Instruction C | • 4  | 7,845,111.00  |
|                       | 5  | Cost of goods sold   | • 5  | 00            |
|                       | 6  | Cost or other basis, and sales expenses of assets sold   | • 6  | 5,860.00      |
|                       | 7  | Total costs. Add line 5 and line 6   | 7    | 5,860.00      |
|                       | 8  | Total gross income. Subtract line 7 from line 4  | • 8  | 7,839,251.00  |
| Expenses              | 9  | Total expenses and disbursements. From Side 2, Part II, line 18  | • 9  | 9,014,030.00  |
|                       | 10 | Excess of receipts over expenses and disbursements. Subtract line 9 from line 8  | • 10 | -1,174,779.00 |
| Filing Fee            | 11 | Filing fee \$10 or \$25. See General Instruction F   | 11   | N/A 00        |
|                       | 12 | Total payments   | 12   | 00            |
|                       | 13 | Penalties and Interest. See General Instruction J  | 13   | 00            |
|                       | 14 | Use tax. See General Instruction K   | • 14 | 00            |
|                       | 15 | <b>Balance due.</b> Add line 11, line 13, and line 14. Then subtract line 12 from the result   | 15   | 00            |

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.

**Sign Here**

Signature of officer **CEO** Title Date Telephone

Preparer's signature **11/11/09** Date Check if self-employed  Preparer's SSN/PTIN **P00238407**

**Paid Preparer's Use Only**

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

FEIN **95-2694444**  
 Telephone **619-231-1977**

May the FTB discuss this return with the preparer shown above? See instructions  Yes  No

**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.

828951 12-05-08

|                                    |    |   |      |              |
|------------------------------------|----|---|------|--------------|
| <b>Receipts from Other Sources</b> | 1  | Gross sales or receipts from all business activities. See instructions  | • 1  | 00           |
|                                    | 2  | Interest  | • 2  | 18,331.00    |
|                                    | 3  | Dividends   | • 3  | 00           |
|                                    | 4  | Gross rents   | • 4  | 00           |
|                                    | 5  | Gross royalties   | • 5  | 00           |
|                                    | 6  | Gross amount received from sale of assets (See instructions) <b>SEE STATEMENT 2</b>   | • 6  | 500.00       |
|                                    | 7  | Other income <b>SEE STATEMENT 3</b>   | • 7  | 2,641,351.00 |
|                                    | 8  | <b>Total</b> gross sales or receipts from other sources. Add line 1 through line 7.<br>Enter here and on Side 1, Part I, line 1 | 8    | 2,660,182.00 |
|                                    | 9  | Contributions, gifts, grants, and similar amounts paid <b>STATEMENT 4</b>   | • 9  | 2,984,783.00 |
|                                    | 10 | Disbursements to or for members   | • 10 | 00           |
|                                    | 11 | Compensation of officers, directors, and trustees <b>SEE STATEMENT 5</b>  | • 11 | 415,626.00   |
|                                    | 12 | Other salaries and wages  | • 12 | 1,319,571.00 |
|                                    | 13 | Interest  | • 13 | 5,548.00     |
|                                    | 14 | Taxes   | • 14 | 147,722.00   |
|                                    | 15 | Rents   | • 15 | 279,982.00   |
|                                    | 16 | Depreciation and depletion (See instructions)   | • 16 | 190,407.00   |
|                                    | 17 | Other <b>SEE STATEMENT 6</b>  | • 17 | 3,670,391.00 |
|                                    | 18 | <b>Total</b> expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9                   | 18   | 9,014,030.00 |

**Schedule L Balance Sheets**

|  | Beginning of taxable year |            | End of taxable year |              |
|--|---------------------------|------------|---------------------|--------------|
|  | (a)                       | (b)        | (c)                 | (d)          |
| <b>Assets</b>  |                           |            |                     |              |
| 1 Cash   |                           | 1,943,003. |                     | • 1,078,034. |
| 2 Net accounts receivable                            |                           | 39,733.    |                     | • 12,292.    |
| 3 Net notes receivable                               |                           |            |                     | •            |
| 4 Inventories  |                           | 196,598.   |                     | • 194,571.   |
| 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                              | 890,802.                  |            | 1,079,969.          |              |
| b Less accumulated depreciation                      | ( 242,285. )              | 648,517.   | ( 428,211. )        | 651,758.     |
| 11 Land  |                           |            |                     | •            |
| 12 Other assets <b>STMT 7</b>                        |                           | 387,316.   |                     | • 237,032.   |
| 13 Total assets                                      |                           | 3,215,167. |                     | 2,173,687.   |
| <b>Liabilities and net worth</b>                     |                           |            |                     |              |
| 14 Accounts payable                                  |                           | 187,167.   |                     | • 337,743.   |
| 15 Contributions, gifts, or grants payable           |                           |            |                     | •            |
| 16 Bonds and notes payable                           |                           |            |                     | •            |
| 17 Mortgages payable                                 |                           |            |                     | •            |
| 18 Other liabilities <b>STMT 8</b>                   |                           | 328,473.   |                     | 311,196.     |
| 19 Capital stock or principle fund                   |                           |            |                     | •            |
| 20 Paid-in or capital surplus. Attach reconciliation |                           |            |                     | •            |
| 21 Retained earnings or income fund                  |                           | 2,699,527. |                     | • 1,524,748. |
| 22 Total liabilities and net worth                   |                           | 3,215,167. |                     | 2,173,687.   |

**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   | • -1,174,779. | 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   | -1,174,779. |
| 6 Total.   |               |   |             |
| Add line 1 through line 5  | -1,174,779.   |   |             |

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   |
|---|--|--------------|----------|
| DOWNTOWN AREA SCHOOL DISTRICT                 | 126 WALLACE AVE DOWNINGTOWN, PA, 19335                     |              | 12,000.  |
| IOLANI SCHOOL STUDENT ASSOCIATION             | 563 KAMOKU ST HONOLULU, HI, 96826                          |              | 9,820.   |
| RAVI ZACHARIAS INTERNATIONAL MINISTRIES, INC. | 4725 PEACHTREE CORNERS CIRCLE, STE 250 NORCROSS, GA, 30082 |              | 22,607.  |
| UNIVERSITY OF REDLANDS                        | PO BOX 3080 REDLANDS, CA, 92373                            |              | 14,450.  |
| WESTMINISTER CHRISTIAN ACADEMY                | 10900 LADUE RD ST LOUIS, MO, 63141                         |              | 5,000.   |
| ACCESS PUBLIC RELATIONS, LLC                  | 101 HOWARD ST., 2ND FLOOR SAN FRANCISCO, CA                |              | 20,000.  |
| ASSOCIATED STUDENTS OF LOS GATOS HIGH SCHOOL  | 20 HIGH SCHOOL CT. LOS GATOS, CA 95030                     |              | 12,000.  |
| BETTER WORLD BOOKS                            | 55740 CURRANT RD MISHAWAKA, IN 46545                       |              | 120,000. |
| BACTES  | 2250 FOURTH, SUITE 105 SAN DIEGO, CA 92101                 |              | 10,000.  |
| BELLMORE-MERRICK CENTRAL HIGH SCHOOL DISTRICT | 1260 MEADOWBROOK RD. NORTH MERRICK, NY 11566               |              | 15,615.  |
| BEVERLY CHAN                                  | 3003 POINT GREY ROAD VANCOVER, BC, CANADA, V6K1A4          |              | 6,425.   |
| BUFFALO MENNONITE CHURCH                      | 4445 HOFFA MILL RD LEWISBURG, PA 17837                     |              | 5,310.   |
| CANYON HIGH SCHOOL                            | 220 SOUTH IMPERIAL HIGHWAY ANAHEIM, CA 92807               |              | 5,000.   |
| CARL & REBECCA HORNEMAN                       | 18401 SHALLOWFORD LANE LOUISVILLE, KY 40245                |              | 7,862.   |
| CHARLOTTE CATHOLIC HIGH SCHOOL                | 7702 PINEVILLE MATTHEWS RD CHARLOTTE, NC 28226             |              | 6,300.   |

|                                      |   |         |
|--------------------------------------|---|---------|
| CHRISTOPHER & DOMINIQUE<br>FROST     | 11915 106 AVE, NW220 EDMONTON,<br>AB, CANADA, T5J2Z4  | 23,017. |
| COASTAL CARONNA<br>UNIVERSITY        | PO BOX 261954 CONWAY, SC 29528                        | 9,450.  |
| DEAN & CAROL PRYOR                   | PO BOX 8036 FRESNO, CA 93747                          | 10,000. |
| ELON UNIVERSITY                      | 100 CAMPUS DR ELON, NC 27244                          | 5,243.  |
| ENCANA CARES FOUNDATION<br>(USA)     | 370 17TH ST, STE 1700 DENVER,<br>CO 80202             | 8,000.  |
| FREDERICA ACADEMY                    | 200 HAMILTON RD ST. SIMONS<br>ISLAND, GA 31522        | 11,834. |
| GREENVILLE HIGH SCHOOL               | 1000 E. STATE RTE 140<br>GREENVILLE, IL 62246         | 7,200.  |
| HARPETH HALL SCHOOL                  | 3801 HOBBS RD NASHVILLE, TN<br>37215                  | 6,477.  |
| HAYLEY WILLIAMS                      | 245 THIRD AVE NORTH FRANKLIN,<br>TN 37064             | 5,000.  |
| HENDRICK HUDSON HIGH<br>SCHOOL       | 2166 ALBANY POST RD MONTROSE,<br>NY 10548             | 5,000.  |
| HUMBOLDT AREA FOUNDATION             | 373 INDIANOLA RD BAYSIDE, CA<br>95524                 | 25,000. |
| JOHNSON COUNTY COMMUNITY<br>COLLEGE  | 12345 COLLEGE BLVD OVERLAND<br>PARK, KS 66210         | 6,241.  |
| KAMEEL FARAG                         | 2051 WOODCUTTER LANE NEWBURY<br>PARK, CA 91320        | 5,000.  |
| LINCOLN HIGH SCHOOL                  | 1545 SCHOOL HART STREET RD<br>VINCENNES, IN 47591     | 6,110.  |
| LUKE NEAL & ELIZABETH<br>MARY MORROW | 1703 N. 1 ST MIDLAND, TX 79603                        | 10,000. |
| MATER DEI HIGH SCHOOL ASB            | 1202 WEST EDINGER AVE SANTA<br>ANA, CA 92707          | 6,995.  |
| MESSIAH LUTHERAN CHURCH              | 4861 LIVERPOOL YORBA LINDA, CA<br>92886               | 14,000. |
| ONE KIND FOUNDATION                  | 3195 FALCON DR CARLSBAD, CA<br>92008                  | 8,000.  |
| PERRY MERIDIAN HIGH<br>SCHOOL        | 401 W. MERIDIAN SCHOOL ROAD<br>INDIANAPOLIS, IN 46217 | 9,000.  |

|   |   |          |
|---|---|----------|
| PINGREE SCHOOL                                | 537 HIGHLAND STREET SOUTH<br>HAMILTON, MA 01982           | 6,045.   |
| PIUS X HIGH SCHOOL                            | 6000 A STREET LINCOLN, NE<br>68510                        | 6,150.   |
| RICHLAND SCHOOL DISTRICT<br>TWO               | 6831 BROOKFIELD RD COLUMBIA,<br>SC 29206                  | 5,500.   |
| RON & MARY BUCK                               | 5190 OLD HARING RD FRANKLIN,<br>TN 37064                  | 5,000.   |
| ROYAL BANK OF CANADA                          | 200 BAYST, 9TH FLOOR TORONTO,<br>ON, CANADA, M5J2J5       | 5,796.   |
| SCHOOLBOARD OF PINELLAS<br>COUNTY, FL         | 850-34TH ST SOUTH ST.<br>PETERSBERG, FL 33711             | 8,871.   |
| SHERWOOD HIGH SCHOOL                          | 300 OLNEY - SANDY SPRING RD<br>SANDY SPRING, MD 20860     | 9,852.   |
| THE DAVID S. VANDENBURGH<br>FAMILY FOUNDATION | PO BOX 18085 PHEONIX, AZ 85005                            | 5,000.   |
| THE NATIONAL CHRISTIAN<br>FOUNDATION          | 11625 RAINWATER DR, STE 500<br>ALPHARETTA, GA 30009       | 135,000. |
| THE TORONTO-DOMINICAN<br>BANK                 | 4685 YOUNGE ST WILLOWDALE,<br>ON,CA M2M3V9                | 10,000.  |
| TOWN OF EASTON                                | 136 ELM ST NORTH EASTON, MA<br>02356                      | 10,000.  |
| UNIVERSAL MUSIC GROUP                         | PO BOX 560519 CHARLOTTE, NC<br>28256                      | 10,000.  |
| WAKE COUNTY PUBLIC SCHOOL<br>SYSTEM           | PO BOX 28041 RALEIGH, NC 27611                            | 6,486.   |
| WAUKESHA NORTH HIGH<br>SCHOOL                 | 2222 MICHIGAN AVE WAUKESHA, WI<br>53188                   | 7,589.   |
| WEST HOLLYWOOD<br>ENTERTAINMENT               | 618 N. DOHENY DR., 2ND FLOOR<br>W. HOLLYWOOD, CA 90069    | 9,715.   |
| WESTGATE HIGH SCHOOL                          | 707 SOUTH JAMES ST THUNDER<br>BAY, ON, CANADA, P7E2V9     | 5,209.   |
| TOM SHADYAK                                   | 9100 WILLSHIRE BLVD. STE 1000W<br>BEVERLY HILLS, CA 90212 | 533,000. |
| HUMANITY UNITED<br>FOUNDATION                 | 1991 BROADWAY, STE 320 REDWOOD<br>CITY, CA 94063          | 500,000. |

|                          |   |                   |
|--------------------------|---|-------------------|
| LEGATUM FOUNDATION       | 11 CHARLES STREET MAYFAIR,<br>LONDON, UK    | 70,000.           |
| WCS FOUNDATION           | 2300 SOUTHERN BLVD BRONX, NY<br>10460       | 100,000.          |
| CARA OWENS               | 3616 POTOMAC AVE DALLAS, TX<br>75205        | 5,000.            |
| MARK AND ANNE VELDMAN    | 6255 KENT RD BLOOMINGTON, IN<br>47401       | 5,000.            |
| VIRGINIA VECCHIO         | 1130 MONROE AVE RIVER FOREST,<br>IL 60305   | 5,000.            |
| SUSAN ANDERSON-NELSON    | 154 KENMORE ELMHURST, IL 60126              | 5,261.            |
| LESA FRIEDRICH           | 433 VINE AVE HIGHLAND PARK, IL<br>60035     | 5,647.            |
| JAKE NONIS               | 4333 FACTORIA BLVD SE<br>BELLEVUE, WA 98006 | 6,191.            |
| MEGAN BARNARD            | 10229 CASA VIEW DALLAS, TX<br>75228         | 6,339.            |
| ANNIE TAM                | 546 ROCKINGHAM DR IRVING, TX<br>75063       | 7,700.            |
| TOTAL INCLUDED ON LINE 3 |   | <u>1,949,307.</u> |

FORM 199 GROSS AMOUNT FROM SALE OF ASSETS STATEMENT 2

| DESCRIPTION                     | DATE ACQUIRED       | DATE SOLD | METHOD ACQUIRED |                   |
|---------------------------------|---------------------|-----------|-----------------|-------------------|
|                                 |                     |           | PURCHASED       |                   |
|                                 | COST OR OTHER BASIS | DEPREC.   | EXPENSE OF SALE | GROSS SALES PRICE |
|                                 | 10,342.             | 4,482.    | 0.              | 500.              |
| TOTAL TO FORM 199, PAGE 2, LN 6 | 10,342.             | 4,482.    | 0.              | 500.              |

FORM 199 OTHER INCOME STATEMENT 3

| DESCRIPTION                        | AMOUNT     |
|------------------------------------|------------|
| BETTER WORLD BOOKS                 | 251,654.   |
| PROGRAM MATERIAL REVENUE           | 2,389,697. |
| TOTAL TO FORM 199, PART II, LINE 7 | 2,641,351. |

COPY



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FORM 199                      COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES                      STATEMENT                      5

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| NAME AND ADDRESS   | TITLE AND<br>AVERAGE HRS WORKED/WK | COMPENSATION |
|--|------------------------------------|--------------|
| JASON RUSSELL<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738     | FOUNDER/FILM MAKER<br>55.00        | 90,000.      |
| BOBBY BAILEY<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738      | FOUNDER/FILM MAKER<br>55.00        | 77,250.      |
| LAREN POOLE<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738       | FOUNDER/FILM MAKER<br>55.00        | 80,210.      |
| BEN KEESEY<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738        | CEO<br>55.00                       | 49,442.      |
| JOHN BRADEL<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738       | DIRECTOR<br>2.00                   | 0.           |
| RICH MCCULLEN<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738     | DIRECTOR<br>2.00                   | 0.           |
| SCOT WOLFE<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738        | DIRECTOR<br>2.00                   | 0.           |
| SHERYL RUSSELL<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738    | DIRECTOR/SECRETARY<br>2.00         | 0.           |
| ALLEN BERGSTEDT<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738   | DIRECTOR<br>2.00                   | 0.           |
| JEFFREY WOODCOCK<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738  | CFO<br>55.00                       | 74,360.      |
| MARGIE DILLENBURG<br>1620 5TH AVE, NO. 400<br>SAN DIEGO, CA 92101-2738 | COO<br>55.00                       | 44,364.      |
| TOTAL TO FORM 199, PART II, LINE 11                                    |                                    | 415,626.     |

| FORM 199                            | OTHER EXPENSES | STATEMENT  | 6 |
|-------------------------------------|----------------|------------|---|
| DESCRIPTION                         |                | AMOUNT     |   |
| PRODUCTION COSTS                    |                | 975,534.   |   |
| PROFESSIONAL SERVICES               |                | 404,592.   |   |
| POSTAGE                             |                | 261,814.   |   |
| PROGRAM SUPPLIES                    |                | 226,807.   |   |
| LICENSE & FEES                      |                | 212,833.   |   |
| OTHER EMPLOYEE BENEFITS             |                | 27,037.    |   |
| OFFICE EXPENSES                     |                | 80,971.    |   |
| TRAVEL                              |                | 761,865.   |   |
| INSURANCE                           |                | 149,760.   |   |
| ALL OTHER EXPENSES                  |                | 569,178.   |   |
| TOTAL TO FORM 199, PART II, LINE 17 |                | 3,670,391. |   |

| FORM 199                               | OTHER ASSETS | STATEMENT   | 7 |
|--|--------------|-------------|---|
| DESCRIPTION                            | BEG. OF YEAR | END OF YEAR |   |
| PLEDGES AND GRANTS RECEIVABLE          | 345,620.     | 153,737.    |   |
| PREPAID EXPENSES AND DEFERRED CHARGES  | 41,696.      | 83,295.     |   |
| TOTAL TO FORM 199, SCHEDULE L, LINE 12 | 387,316.     | 237,032.    |   |

| FORM 199                               | OTHER LIABILITIES | STATEMENT   | 8 |
|--|-------------------|-------------|---|
| DESCRIPTION                            | BEG. OF YEAR      | END OF YEAR |   |
| CAPITAL LEASE                          | 28,473.           | 11,196.     |   |
| LINE OF CREDIT                         | 300,000.          | 300,000.    |   |
| TOTAL TO FORM 199, SCHEDULE L, LINE 18 | 328,473.          | 311,196.    |   |

# 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 taxable 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 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 taxable 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 2009. 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 1 SEE ATTACHED SCHEDULE  |  |                         |  |                         |                  |                                |  |
|                             | VARIOUS  | 1,079,969.              | 239,183.   |                         | .000             | 189,028.                       |  |
| 2 VAN                       |  |                         |  |                         |                  |                                |  |
|                             | 12/20/06   | 10,342.                 | 3,102.   | SL                      | 5.00             | 1,379.                         |  |
| <b>TOTALS</b>               |  | <b>1,090,311.</b>       | <b>242,285.</b>  |                         |                  |                                |  |
| 15                          | Add the amounts in column (g) and column (h). The combined total of column (h) may not exceed \$2,000.<br>See instructions for line 14, column (h) |                         |  |                         |                  | 15                             | 190,407.                               |

**Part III Summary**

|    |  |    |          |
|----|--|----|----------|
| 16 | Total: If the corporation is electing:<br>IRC Section 179 expense, add the amount on line 12 and line 15, column (g); or<br>Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), or<br>Depreciation (if no election is made), enter the amount from line 15, column (g)   | 16 | 190,407. |
| 17 | Total depreciation claimed for federal purposes from federal Form 4562, line 22  | 17 | 190,407. |
| 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.<br>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 | 0.       |

**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 (see instructions) | (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                             |

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: <b>CT 126558</b><br><br><b>INVISIBLE CHILDREN, INC.</b><br><small>Name of Organization</small><br><br><b>1620 5TH AVE, NO. 400</b><br><small>Address (Number and Street)</small><br><br><b>SAN DIEGO, CA 92101-2738</b><br><small>City or Town, State and ZIP Code</small> | <b>Check if:</b><br><input checked="" type="checkbox"/> Change of address<br><br><input type="checkbox"/> Amended report<br><br>Corporate or Organization No. <b>2585367</b><br><br>Federal Employer I.D. No. <b>54-2164338</b> |
|---|---|

**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 07/01/2008 ending 06/30/2009) list:  
 Gross annual revenue \$ 7,839,251. Total assets \$ 2,173,687.

**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.

|  |                             |
|--|-----------------------------|
| <b>BEN KEESEY</b>                              | <b>CEO</b>                  |
| <small>Signature of authorized officer</small> | <small>Printed Name</small> |
|  | <small>Title</small>        |
|  | <small>Date</small>         |