

Short Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2012

Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

| | | | |
|---|---|-----------------------------------|---|
| A For the 2012 calendar year, or tax year beginning | | and ending | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization | | D Employer identification number |
| | INVISIBLE GIRL PROJECT INCORPORATED | | 27-3658257 |
| | Number and street (or P.O. box, if mail is not delivered to street address) | Room/suite | E Telephone number |
| | PO BOX 301103 | | 317-523-4305 |
| City or town, state or country, and ZIP + 4 | | F Group Exemption Number ▶ | |
| INDIANAPOLIS, IN 46230 | | | |
| G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ | H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). | | |
| I Website: ▶ WWW.INVISIBLEGIRLPROJECT.ORG | | | |
| J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | |
| K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. | | | |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 150,024. | | | |

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I

| | | | |
|---|--|-----------|----------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 123,373. |
| | 2 Program service revenue including government fees and contracts | 2 | 26,651. |
| | 3 Membership dues and assessments | 3 | |
| | 4 Investment income | 4 | |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less: cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Gaming and fundraising events | | |
| | a Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | | |
| c Less: direct expenses from gaming and fundraising events | 6c | | |
| d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | | |
| b Less: cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | | |
| 8 Other revenue (describe in Schedule O) | 8 | | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 150,024. | |
| Expenses | 10 Grants and similar amounts paid (list in Schedule O) SEE SCHEDULE O | 10 | 52,754. |
| | 11 Benefits paid to or for members | 11 | |
| | 12 Salaries, other compensation, and employee benefits | 12 | |
| | 13 Professional fees and other payments to independent contractors | 13 | 8,039. |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| | 15 Printing, publications, postage, and shipping | 15 | 2,211. |
| | 16 Other expenses (describe in Schedule O) SEE SCHEDULE O | 16 | 61,523. |
| 17 Total expenses. Add lines 10 through 16 | 17 | 124,527. | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 25,497. |
| | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 16,716. |
| | 20 Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0. |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 42,213. |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9 39a N/A
39b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed IN
42a The organization's books are in care of BRAD MCELYA Telephone no. 317-523-4305
Located at PO BOX 301103, INDIANAPOLIS, IN ZIP + 4 46230
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

| | | | |
|----|---|------------|-----------|
| | | Yes | No |
| 46 | Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | | X |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

| | | | |
|-----|--|------------|-----------|
| | | Yes | No |
| 47 | Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II | | X |
| 48 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | X |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | | X |
| 49b | If "Yes," was the related organization a section 527 organization? | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 NONE

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

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.

Sign Here

Signature of officer: JILL MCELYA, VICE PRESIDENT Date: _____

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: AMBER KOCHER, CPA Preparer's signature: _____ Date: _____

Firm's name: BLUE & CO., LLC Firm's EIN: 35-1178661

Firm's address: ONE AMERICAN SQUARE, #2200 INDIANAPOLIS, IN 46282 Phone no.: (317) 633-4705

Check if self-employed PTIN: P01286298

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

| | |
|--|---|
| Name of the organization INVISIBLE GIRL PROJECT INCORPORATED | Employer identification number 27-3658257 |
|--|---|

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: (For lines 1 through 11, check only one box.)

- 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).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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 - Non-functionally integrated
- 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? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 11g(iii) | |
- h Provide the following information about the supported organization(s).

| (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 monetary support |
|------------------------------------|----------|---|---|----|--|----|---|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | 82,202. | 123,373. | 205,575. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | 82,202. | 123,373. | 205,575. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 48,833. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 156,742. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-------------------------------------|
| 7 Amounts from line 4 | | | | 82,202. | 123,373. | 205,575. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 205,575. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 37,160. |
| 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 | | | | | | <input checked="" type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--------------------------|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2011 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ► | <input type="checkbox"/> |
| b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | ► | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ► | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | ► | <input type="checkbox"/> |
| 18 Private foundation. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's 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

| | | |
|--|-----------|---|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|---|-----------|---|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2012. 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 - 2011. 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, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Name of the organization

Employer identification number

INVISIBLE GIRL PROJECT INCORPORATED

27-3658257

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

| | |
|--|---|
| Name of organization INVISIBLE GIRL PROJECT INCORPORATED | Employer identification number 27-3658257 |
|--|---|

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | _____ _____ _____ | \$ 6,500. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | _____ _____ _____ | \$ 7,443. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 3 | _____ _____ _____ | \$ 8,065. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 4 | _____ _____ _____ | \$ 5,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| _____ | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

| | |
|--|---|
| Name of organization INVISIBLE GIRL PROJECT INCORPORATED | Employer identification number 27-3658257 |
|--|---|

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| 2 | IN-KIND DONATIONS OF PHONES AND FUNDRAISING ITEMS. | \$ 1,669. | 12/31/12 |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

| | |
|--|---------------------------------------|
| Name of organization | Employer identification number |
| INVISIBLE GIRL PROJECT INCORPORATED | 27-3658257 |

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| (e) Transfer of gift | | | |
| Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee | |
| | | | |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

INVISIBLE GIRL PROJECT INCORPORATED

Employer identification number

27-3658257

FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:

ACTIVITY CLASSIFICATION: ORPHANAGE SUPPORT

GRANTEE NAME: HOME OF LOVE- LOVE INDIA MISSION ENDEAVOR INC

GRANTEE ADDRESS: 7096 SE YEARLING LANE PORTLAND, OR 97267

AMOUNT GIVEN: 28,490.

ACTIVITY CLASSIFICATION: SPONSORSHIP OF A CHILD

GRANTEE NAME: CHRISTIAN MISSIONS CHARITABLE TRUST, AKA

COMPASSION IN ACTION

GRANTEE ADDRESS: 72(59) SPUR TANK ROAD

CHEPET-CHENNAI, TAMIL NADU, INDIA 600031

AMOUNT GIVEN: 3,780.

ACTIVITY CLASSIFICATION: SPONSORSHIP OF CHILDREN & EDUCATION

GRANTEE NAME: SOCIETY FOR INTEGRATED SOCIAL UPLIFTMENT (SISU)

GRANTEE ADDRESS: 9, VISHWASHANTHI NAGAR MADURAI, TAMIL NADU, INDIA 625017

AMOUNT GIVEN: 19,984.

ACTIVITY CLASSIFICATION: SPORTS EQUIPMENT

GRANTEE NAME: GRANT UNDER \$1,000

GRANTEE ADDRESS: PO BOX 301103 INDIANAPOLIS, IN 46230

AMOUNT GIVEN: 500.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10 52,754.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

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

Schedule O (Form 990 or 990-EZ) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

INVISIBLE GIRL PROJECT INCORPORATED

Employer identification number

27-3658257

DESCRIPTION OF OTHER EXPENSES:

AMOUNT:

| | |
|--|---------|
| TRAVEL EXPENSES | 46,905. |
| MISCELLANEOUS PROGRAM SERVICES EXPENSE | 8,403. |
| OFFICE EXPENSES | 4,119. |
| MEALS EXPENSE | 991. |
| BANK SERVICE FEES | 888. |
| LICENSES AND REGISTRATION FEES | 217. |
| TOTAL TO FORM 990-EZ, LINE 16 | 61,523. |

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|---------------------|--------------|-------------|
| CREDIT CARD PAYABLE | 42. | 128. |

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - INVISIBLE GIRL PROJECT'S MISSION IS TO END GENDERCIDE (THE SYSTEMATIC KILLING OF FEMALES) AND TO INCREASE THE PERCEIVED VALUE OF GIRLS AND WOMEN IN THE INDIAN CULTURE. INVISIBLE GIRL PROJECT'S VISION IS TO RAISE GLOBAL AWARENESS CONCERNING THE LOSS OF FEMALE LIVES IN INDIA, TO PURSUE JUSTICE IN INDIA FOR THE LIVES LOST, AND TO ASSIST OUR INDIAN PARTNERS IN THE RESCUE OF AND CARE FOR INDIAN GIRLS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS TO RAISE AWARENESS AND CREATE A MOVEMENT: IGP BELIEVES THAT IN ORDER TO SAVE INNOCENT LIVES OF GIRLS IN INDIA, PEOPLE FROM THE "WESTERN WORLD" MUST RECOGNIZE THE ISSUE AND HELP ADDRESS THE INJUSTICE OF GENDERCIDE IN INDIA.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

INVISIBLE GIRL PROJECT INCORPORATED

Employer identification number

27-3658257

THEREFORE, IN EFFORT TO HELP "VINDICATE THE ORPHAN AND THE OPPRESSED," (PSALM 10:18), IGP MOBILIZES PEOPLE IN THE UNITED STATES TO ADDRESS GENDERCIDE BY GIVING THEM PROGRAM OPPORTUNITIES TO TRAVEL AND SERVE ORPHAN GIRLS IN INDIA, VISITING THEM AND CARING FOR THEM. IN TURN, INDIVIDUALS CONSISTENTLY DESIRE TO BECOME INVOLVED IN THE CAMPAIGN TO FIGHT GENDERCIDE AND TO FURTHER RAISE AWARENESS, SO THAT ULTIMATELY, LIVES OF YOUNG INDIAN GIRLS WILL BE SEEN GLOBALLY TO HAVE VALUE AND WILL BE SPARED. THESE PROGRAMS HAVE PROVEN TO BE THE MOST SUCCESSFUL FUNDRAISING TOOL AS THE MAJORITY OF IGP'S MAJOR DONORS HAVE TRAVELED TO INDIA AND SEEN THE WORK FIRST-HAND. IN ADDITION, THESE PROGRAMS HAVE PROVEN TO BE THE GREATEST SOURCE FOR HELPING INDIVIDUALS RAISE AWARENESS ABOUT GENDERCIDE IN THE US. PEOPLE WHO HAVE TRAVELED TO VISIT THE GIRLS AND HAVE SEEN IGP'S WORK ON THE FIELD HAVE NOT ONLY TAKEN TO SOCIAL MEDIA TO RAISE AWARENESS, BUT ALSO, THEY HAVE HOSTED VARIOUS EVENTS UPON THEIR RETURN, IN WHICH THEY HAVE SUCCESSFULLY EDUCATED OTHERS ABOUT GENDERCIDE AND THE NEED FOR WESTERNERS TO BECOME INVOLVED IN COMBATTING THIS ISSUE. THEREBY HELPING TO CREATE A MOVEMENT.

FORM 990-EZ, PART III, LINE 29, PROGRAM SERVICE ACCOMPLISHMENTS:

CARE FOR AND MEET NEEDS OF ORPHAN GIRLS: IGP INCREASES THE CAPACITY OF ITS INDIAN FIELD PARTNERS TO CARE FOR ORPHANED OR UNWANTED GIRLS. IN DOING SO, IGP HELPS MEET THEIR PARTNERS' FINANCIAL NEEDS, SO THAT THEY CAN PROVIDE SAFE, HEALTHY, AND LOVING ENVIRONMENTS IN WHICH YOUNG INDIAN GIRLS CAN FLOURISH. IGP PROVIDES MONTHLY SUPPORT TO ITS PARTNER-ORPHANAGES, FOR THE ORPHAN GIRLS, PROVIDING THEIR FOOD, CLOTHING, BOARDING, AND MEDICAL EXPENSES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

INVISIBLE GIRL PROJECT INCORPORATED

Employer identification number

27-3658257

IN ADDITION, IGP HELPS PROVIDE THE EDUCATIONAL EXPENSES FOR THESE
INDIAN GIRLS SO THAT THEY CAN RECEIVE QUALITY PRIMARY, SECONDARY, AND
EVEN COLLEGE EDUCATIONS.

FORM 990-EZ, PART III, LINE 30, PROGRAM SERVICE ACCOMPLISHMENTS:

EDUCATE INDIAN GIRLS: ACCORDING TO 2011 ESTIMATES, MEN

OUTNUMBER WOMEN IN INDIAN SOCIETY BY NEARLY 40 MILLION.

THIS GENDER GAP IS DUE TO THE SYSTEMATIC DISCRIMINATION OF

GIRLS THROUGH GENDERCIDE; THAT IS, MORE SPECIFICALLY, FEMALE FETICIDE

(SEX-SELECTIVE ABORTION) AND FEMALE INFANTICIDE (THE KILLING OF BABY

GIRLS). ACCORDING TO A 2006 UNICEF REPORT, 7,000 FEWER GIRLS ARE BORN

IN INDIA EVERY DAY, BECAUSE THEY ARE ABORTED DUE TO ILLEGAL

SEX-DETERMINATION TESTS. THEY ARE ILLEGALLY ABORTED, JUST BECAUSE THEY

ARE GIRLS. IN ADDITION, AN UNKNOWN NUMBER OF BABY GIRLS ARE UNWANTED

AND MURDERED EVERY DAY, ALSO, JUST BECAUSE THEY ARE GIRLS. BECAUSE OF

THIS SYSTEMATIC GENDERCIDE, THE UNITED NATIONS ESTIMATES THAT 50

MILLION GIRLS AND WOMEN ARE MISSING FROM INDIA'S POPULATION. INVISIBLE

GIRL PROJECT'S MISSION IS TO END GENDERCIDE IN INDIA (THE SYSTEMATIC

KILLING OF FEMALES) AND TO INCREASE THE PERCEIVED VALUE OF GIRLS AND

WOMEN IN THE INDIAN CULTURE, BY RAISING GLOBAL AWARENESS CONCERNING THE

LOSS OF FEMALE LIVES IN INDIA, PURSUING JUSTICE IN INDIA FOR THE LIVES

LOST, AND ASSISTING INDIAN PARTNERS IN THE RESCUE OF AND CARE FOR

INDIAN GIRLS.

IN ASSISTING INDIAN PARTNERS IN INCREASING THE PERCEIVED VALUE OF GIRLS

AND WOMEN IN INDIA, IGP PROVIDES MANY OF ITS PARTNERS' FINANCIAL NEEDS.

IN 2012, ONE SUCH MAJOR NEED WAS TO PROVIDE THE FUNDING TO EDUCATE 155

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

INVISIBLE GIRL PROJECT INCORPORATED

Employer identification number

27-3658257

GIRLS WHO HAD BEEN RESCUED BY ONE OF IGP'S INDIAN PARTNERS. BUT FOR
IGP'S PARTNER, THESE GIRLS WOULD NEITHER BE ALIVE NOR EDUCATED AT ALL.
IGP'S PARTNER NOT ONLY HELPS CARE FOR THESE GIRLS AND ENSURES THEY HAVE
QUALITY OF LIFE, BUT ALSO ENSURES THEY RECEIVE QUALITY EDUCATION. IN
FACT, MANY OF THE GIRLS ATTEND SCHOOLS WHERE THEY LEARN ENGLISH AS
THEIR SECOND LANGUAGE. IN ADDITION TO THE QUALITY EDUCATION, THE GIRLS
ARE TAUGHT THEIR INTRINSIC VALUE. IGP AND ITS PARTNER BELIEVE IT IS
VITALLY IMPORTANT FOR GIRLS TO BE BOTH EDUCATED AND TO TRULY UNDERSTAND
THAT THEY ARE VALUABLE. AND, IN SPITE OF THE CULTURAL PREFERENCE FOR
SONS, THROUGH IGP'S PARTNER THESE GIRLS LEARN THAT THEY ARE EQUALLY
VALUABLE, AS HUMAN BEINGS.

FORM 990-EZ, PART III LINE 31, OTHER PROGRAM SERVICE ACCOMPLISHMENTS:
OTHER PROGRAM SERVICES INCLUDING GRANT TO HELP IGP'S PARTNERS PURCHASE
SPORTS EQUIPMENT.

GRANTS \$ 500. EXPENSES \$ 8,903.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.