WILHELM & WILHELM, LLC 7777 BONHOMME AVE., #2001 ST. LOUIS, MO 63105-1946

INTERNATIONAL CESAREAN AWARENESS NETWORK, INC.
P. O. BOX 31423
ST. LOUIS, MO 63131

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Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

DECEMBER 31, 2013

Prepared for	INTERNATIONAL CESAREAN AWARENESS NETWORK, INC. P. O. BOX 31423 ST. LOUIS, MO 63131
Prepared by	WILHELM & WILHELM, LLC 7777 BONHOMME AVE., #2001 ST. LOUIS, MO 63105-1946
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

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FEDERAL INFORMATIONAL FORMS

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM 199

FOR THE YEAR ENDING

DECEMBER 31, 2013

	BECHMBIK 31, 2013
Prepared for	INTERNATIONAL CESAREAN AWARENESS NETWORK, INC. P. O. BOX 31423 ST. LOUIS, MO 63131
Prepared by	WILHELM & WILHELM, LLC 7777 BONHOMME AVE., #2001 ST. LOUIS, MO 63105-1946
Amount due or refund	BALANCE DUE OF \$10
Make check payable to	FRANCHISE TAX BOARD
Mail tax return and check (if applicable) to	FRANCHISE TAX BOARD P.O. BOX 942857 SACRAMENTO, CA 94257-0501
Return must be mailed on or before	MAY 15, 2014
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL. INCLUDE THE ORGANIZATION'S CALIFORNIA CORPORATION/ORGANIZATION NUMBER AND "2013 FORM 199" ON THE REMITTANCE.

TAX RETURN FILING INSTRUCTIONS

CALIFORNIA FORM RRF-1

FOR THE YEAR ENDING

DECEMBER 31, 2013

INTERNATIONAL CESAREAN AWARENESS NETWORK, INC. P. O. BOX 31423
ST. LOUIS, MO 63131
WILHELM & WILHELM, LLC 7777 BONHOMME AVE., #2001 ST. LOUIS, MO 63105-1946
REGISTRY OF CHARITABLE TRUSTS P.O. BOX 903447 SACRAMENTO, CA 94203-4470
MAY 15, 2014
THE RETURN SHOULD BE SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL.
NO PAYMENT REQUIRED.
A COPY OF THE FEDERAL RETURN IS ALSO PROVIDED. IN CONJUNCTION WITH FORM RRF-1 THIS COMPRISES THE ANNUAL REPORT TO BE FILED WITH THE CALIFORNIA ATTORNEY GENERAL'S REGISTRY OF CHARITABLE TRUSTS.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

	•	
,	2013, and ending	,20

OMB No. 1545-1878

Department of the Treasury Internal Revenue Service

For calendar year 2013, or fiscal year beginning

▶ Do not send to the IRS. Keep for your records. ► Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

INTERNATIONAL CESAREAN AWARENESS

Employer identification number

13-3174577

Name and title of officer

MYCHEL HEFNER

NETWORK, INC.

TREASURER

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

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

	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here b X b Total revenue, if any (Form 990-EZ, line 9)	2 b	23740
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5а	Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's	DINI-	chock	ana	hov	only
Officer's	PIN:	cneck	one	DUX	OHIO

37

A lauthorize MITUETH & MITUETH, THE	to enter my	PIN /43//						
ERO firm	name	Enter five numbers, be do not enter all zeros						
, ,	as my signature on the organization's tax year 2013 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 indicated within this return that a copy of the return is bein program, I will enter my PIN on the return's disclosure cons	g filed with a state agency(ies) regulating charities as part							
Officer's signature	Date ▶							
Part III Certification and Authentication								

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

43488672669 do not enter all zeros

Date

I certify that the above numeric entry is my PIN, which is my signature on the 2013 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 **ERO Must Retain This Form - See Instructions**

Do Not Submit This Form To the IRS Unless Requested To Do So

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FILEABLE FORMS

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

		2013 calendar year, or tax year beginning and ending					
B	Check if applicate	c Name of organization	Employer i	dentification number			
L	Addr	ess change INTERNATIONAL CESAREAN AWARENESS	13-3174577				
L	Nam	change NETWORK, INC.					
L	Initia	Total I	E Telephone number				
L	Term	nated P. O. BOX 31423	314-225-3443 F Group Exemption				
L	Ame						
L	Applic	tion pending ST. LOUIS, MO 63131	Number ▶ 9138				
			l Check 🕨	X if the organization is not			
		e: ▶ ICAN-ONLINE.ORG	required to	attach Schedule B			
		empt status (check only one) $= X 501(c)(3) 501(c)$ (insert no.) $4947(a)(1)$ or 527	(Form 990,	, 990-EZ, or 990-PF).			
		forganization: X Corporation Trust Association Other					
		es 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,					
	columi	(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	🕨 \$	23,740.			
P	art I						
		Check if the organization used Schedule O to respond to any question in this Part I		X			
	1	Contributions, gifts, grants, and similar amounts received		21,926.			
	2	Program service revenue including government fees and contracts					
	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					
<u>o</u>	a	Gross income from gaming (attach Schedule G if greater than					
nue		\$15,000) 6a					
Revenue	b	Gross income from fundraising events (not including \$ of contributions					
Œ		from fundraising events reported on line 1) (attach Schedule G if the sum of such					
		gross income and contributions exceeds \$15,000) 6b					
	С	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					
	b	Less: cost of goods sold					
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c				
	8	Other revenue (describe in Schedule 0) SEE SCHEDULE O	8	1,814.			
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	23,740.			
	10	Grants and similar amounts paid (list in Schedule 0)	10				
	11	Benefits paid to or for members	11				
es	12	Salaries, other compensation, and employee benefits					
) Su	13	Professional fees and other payments to independent contractors	13	1,505.			
Expenses	14	Occupancy, rent, utilities, and maintenance					
Ш	15	Printing, publications, postage, and shipping	15	3,341.			
	16	Other expenses (describe in Schedule 0) SEE SCHEDULE O	16	11,894.			
_	17	Total expenses. Add lines 10 through 16	▶ 17	16,740.			
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,000.			
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))					
As		(must agree with end-of-year figure reported on prior year's return)	19	20,722.			
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)	20	0.			
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	2 1	27,722.			

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Page 2

Form 990-EZ (2013) NETWORK, INC.

Part II Balance Sheets (see the instructions for Part II)

L		Dalance Sheets (See the instructions for Part II)					
		Check if the organization used Schedule O to resp	oond to any question	in this Part II			X
			(/	A) Beginning of year		(B) E	nd of year
22	Cash,	savings, and investments		19,091.	22		26,557.
23		and buildings			23		
24	Other	assets (describe in Schedule 0) SEE SCHEDULE O		1,665.	24		1,165.
25	Total	assets		20,756.	25		27,722.
26	Total	liabilities (describe in Schedule 0) SEE SCHEDULE O		34.			0.
27		ssets or fund balances (line 27 of column (B) must agree with line 21)		20,722.	27		27,722.
Pa		Statement of Program Service Accomplishmen		ons for Part III)		Ex	cpenses
		Check if the organization used Schedule O to resp	oond to any question	in this Part III	X		for section
Wha	t is the c	organization's primary exempt purpose?SEE SCHEDULE O					and 501(c)(4) ons and section
		rganization's program service accomplishments for each of its three largest program		s In a clear and concise) trusts; optional
		be the services provided, the number of persons benefited, and other relevant inform		3. III a cicar and concisc		for others.	.)
28	DTSS	SEMINATION OF EDUCATIONAL MATERI	ALS THROUGH C	UARTERLY			
		SLETTER, ONLINE WEBSITE, VENDOR			_		
		EN'S ISSUES CONFERENCES AND ONLI		11000	_		
	(Grants					28a	16,740.
29	Granis) if this amount includes foreign g	rants, check here			204	10,740.
23					—		
					_		
	<u> </u>	^ \\frac{1}{2}			-	000	
	(Grants) If this amount includes foreign g	rants, check here	> [29a	
30							
	(Grants					30a	
31	Other p	program services (describe in Schedule O)					
	(Grants) If this amount includes foreign g	rants, check here	<u></u> ▶ ڶ		31a	
32	Total p	program service expenses (add lines 28a through 31a)			<u>. </u>	32	16,740.
Pa	rt IV	List of Officers, Directors, Trustees, and Key E	mplovees (list each one e	en if not compensated - s	ee the	instructions f	or Part IV)
	ILLIA	<u> </u>			cc tric	mod dodono n	
	11	Check if the organization used Schedule O to resp	ond to any question	in this Part IV			
	11 (14	<u> </u>	oond to any question (b) Average hours	in this Part IV	d) He	alth benefits,	(e) Estimated
		<u> </u>	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) He	alth benefits, ibutions to byee benefit	(e) Estimated amount of other
		Check if the organization used Schedule O to respond (a) Name and title	oond to any question (b) Average hours	in this Part IV (c) Reportable compensation (Forms	d) Heacontr	alth benefits, ibutions to	(e) Estimated
		Check if the organization used Schedule O to resp	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Heacontr	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
СН	RIST	Check if the organization used Schedule O to respond (a) Name and title	oond to any question (b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	d) Heacontr	alth benefits, ibutions to byee benefit and deferred	(e) Estimated amount of other
CH PR	RIST ESII	Check if the organization used Schedule O to respond to the control of the contro	ond to any question (b) Average hours per week devoted to position	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Heacontr	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
CH PR ME	RIST ESII LODY	Check if the organization used Schedule O to responsible (a) Name and title TA BILLINGS DENT	ond to any question (b) Average hours per week devoted to position	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Heacontr	alth benefits, ibutions to yee benefit and deferred pensation	(e) Estimated amount of other compensation
CH PR ME SE	RIST ESII LODY CRET	Check if the organization used Schedule O to responsible (a) Name and title TA BILLINGS DENT THOMPSON	oond to any question (b) Average hours per week devoted to position 20.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Heacontr	alth benefits, ibutions to yoke benefit and deferred pensation	(e) Estimated amount of other compensation
CH PR ME SE MY	RIST ESII LODY CRET	Check if the organization used Schedule O to responsible (a) Name and title FA BILLINGS DENT THOMPSON FARY	oond to any question (b) Average hours per week devoted to position 20.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Heacontr	alth benefits, ibutions to yoke benefit and deferred pensation	(e) Estimated amount of other compensation
CH PR ME SE MY TR	RIST ESII LODY CRET CHEI	Check if the organization used Schedule O to response (a) Name and title FA BILLINGS DENT THOMPSON FARY L HEFNER	(b) Average hours per week devoted to position 20.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Heacontr	alth benefits, ibutions to benefit and deferred pensation	(e) Estimated amount of other compensation
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	(b) Average hours per week devoted to position 20.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	d) Heacontr	alth benefits, ibutions to benefit and deferred pensation	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •
CH PR ME SE MY TR LA	RIST ESII LODY CRET CHEI EASU	Check if the organization used Schedule O to response to the control of the contr	cond to any question (b) Average hours per week devoted to position 20.00 15.00	in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	d) Heacontr	alth benefits, ibutions to byse benefit and deferred pensation 0 •	(e) Estimated amount of other compensation 0 •

Page 3

	instructions for Part V) Check if the organization used Sch. O to respond to any question in this	Part	V	X
	, , , , , , , , , , , , , , , , , , , ,		Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each		1.00	
	activity in Schedule 0	33		Х
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)	34		Х
35 a	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)?	35a		Х
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	A
	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	35c		X
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	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions \rightarrow 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		Х
	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?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 \blacktriangleright ; section 4912 \blacktriangleright ; section 4955 \blacktriangleright			
b	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	40b		X
C	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization • 0.			
е	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	40e		X
	List the states with which a copy of this return is filed MO, CA			
42 a	The organization's books are in care of ► WILHELM & WILHELM, LLC Telephone no. ► 314-72			
	Located at ► 7777 BONHOMME, STE 2001, SAINT LOUIS, MO ZIP+4 ► 6	310	5	
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		Yes	_
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	40		v
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X
40	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N/A	🖊	
	and enter the amount of tax-exempt interest received or accrued during the tax year	IV / A	•	
			Yes	No
44.	Did the examination maintain any depart advised funds during the year? If "Vee " Form 000 must be completed instead of		165	NO
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	440		Х
h	Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	44a		Α.
U		446		v
_	of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44b 44c	<u> </u>	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	440		_^
u		44d		
45 o	in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44u 45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	40a		
עטד	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	O IZIDA TODE IL TODE I DITI DOU ANA CONTOUNIO IL MAY NOON TO DO COMPICTO INDICAN ULI DITI DOU'LE (DEE INDII NOINO)	עטד ן	ı	

INTERNATIONAL CESAREAN AWARENESS

ST. LOUIS, MO 63105-1946

May the IRS discuss this return with the preparer shown above? See instructions

Form 990-EZ (2013) NETWORK, INC.

Page 4 13-3174577 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? X If "Yes," complete Schedule C, Part I 46 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 $\overline{\mathbf{x}}$ 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 47 47 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 48 49a Did the organization make any transfers to an exempt non-charitable related organization? $\overline{\mathbf{x}}$ 49a **b** If "Yes," was the related organization a section 527 organization? 49b 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 (b) Average hours (d) Health benefits. (C) Reportable compensation (Forms (e) Estimated contributions to employee benefit plans, and deferred per week devoted to amount of other W-2/1099-MISC) position compensation NONE compensation f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the NONE organization. If there is none, enter "None." (c) Compensation (a) Name and business address of each independent contractor (b) Type of service d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt 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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ► X Yes Sign Here MYCHEL HEFNER, TREASURER Type or print name and title Print/Type preparer's name Check Preparer's signature Date self- employed Paid P00875246 MARILEE R. SAUER **Preparer** Firm's EIN ► 43-1870213 Firm's name ► WILHELM & WILHELM, LLC **Use Only** Firm's address ▶ 7777 BONHOMME AVE., #2001 (314) 727-1155 Phone no.

> ► X Yes Form 990-EZ (2013)

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.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

INTERNATIONAL CESAREAN AWARENESS NETWORK, INC.

Employer identification number 13-3174577

Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.				
he orgar	nization is not a	a private foundation	because it is: (For lines 1	1 through 1	11, check	only one b	ox.)					
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).											
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗌			tal service organization of	-	in section	170(b)(1)	A)(iii).					
4	•	•	operated in conjunction					(b)(1)(A)(ii	i). Enter t	he hospita	al's nan	ne.
• —	city, and stat		,						•			,
5	• •		benefit of a college or ur	niversity ov	vned or or	perated by	a governi	mental uni	t describe	ed in		
•	section 170(b)(1)(A)(iv). (Complete Part II.)											
6			ent or governmental unit	t doscribor	d in coctio	n 170/h)/-	IVAV _M					
7 🗔								r from the	aanaral	مراطيي	oribod	in
′	-	•	eives a substantial part	oi its supp	on nom a	governine	illai ullit u	i iroin trie	general	public des	cribed	111
• 🗀		b)(1)(A)(vi). (Comple		(Camplata	Dort II)							
8 L 9 X			section 170(b)(1)(A)(vi).					ا ما میں مامس	- f		!	£
9 121	-	•	eives: (1) more than 33 1							-	-	
			nctions - subject to certa									
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquirea b	y the orga	nization a	arter June	30, 19	75.
40		509(a)(2). (Complete	•				500/ W					
10	_		perated exclusively to te	-	•			-				
11 📖	-	-	perated exclusively for th									or
			ations described in section				e). See sec	tion 509(a	a)(3). Che	eck the bo	x that	
			organization and comple					. — –				
	a ☐ Type I	•	•	ype III - Fur	•	•				n-function	•	•
e 📖			at the organization is not									
		-	han one or more publicly		-				9(a)(1) or :	section 50)9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		rganization, check th										. Ш
g			organization accepted ar									
	(i) A person	n who directly or ind	lirectly controls, either al-	one or tog	ether with	persons o	lescribed i	in (ii) and (i	ii) below,		Yes	No
	_		upported organization?)	└
			n described in (i) above?)	<u> </u>
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	∍?					11g(ii	i)	
h	Provide the fo	ollowing information	about the supported org	ganization((s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization			(ν) Did yoι		(vi) Is organizatio	the	(vii) Amou	nt of mo	netary
org	anization			in col. (i) lis		organizat		(i) organiza U.S.	ed in the	su	pport	
			above or IRC section (see instructions))	governing (Jocument?	(i) of your	Supports	0.8.	.?			
			(000 monuonono))	Yes	No	Yes	No	Yes	No			

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total distributions, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization of this behalf or expended on the behalf or expended or expended on the behalf or expended or expe	Sec	ction A. Public Support						
membership fees received. (Do not include any "unusual grants.") 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. 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, 6. Public support, submarture 3 the feet amount shown on line 11, 6. Public support services and the services of the amount shown on line 11, 6. Public support services and services or s	Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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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 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. 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 17a 10% -facts-and-circumstances test - 2013. 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 17a 10% -facts-and-circumstances test - 2012. If the organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the			etc (see instructi	ons)			12	
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. 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 15 b 33 1/3% support test - 2012. 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 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 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		•	•	,				
Section C. Computation of Public Support Percentage 14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2012 Schedule A, Part II, line 14 16a 33 1/3% support test - 2013. 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 17a 10% -facts-and-circumstances test - 2013. 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 more, and if the organization meets test - 2012. 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 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the			•		* *	•	. , . ,	
15 Public support percentage from 2012 Schedule A, Part II, line 14	Sed	ction C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage from 2012 Schedule A, Part II, line 14	14	Public support percentage for 2013 (ine 6, column (f) d	ivided by line 11,	column (f))		14	%
16a 33 1/3% support test - 2013. 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 b 33 1/3% support test - 2012. 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 17a 10% -facts-and-circumstances test - 2013. 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, 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							15	%
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. 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 17a 10% -facts-and-circumstances test - 2013. 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 b 10% -facts-and-circumstances test - 2012. 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							nore, check this bo	ox and
b 33 1/3% support test - 2012. 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 17a 10% -facts-and-circumstances test - 2013. 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 b 10% -facts-and-circumstances test - 2012. 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								
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17a 10% -facts-and-circumstances test - 2013. 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								
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	17a							
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
b 10% -facts-and-circumstances test - 2012. 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		_				=	~	
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	b							
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
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	18			•				

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

80	qualify under the tests listed be ction A. Public Support	elow, please comp	lete Part II.)				
_		() 0000	#1.0040	() 0044	/ D 0040	() 0040	(O.T.)
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	20 200	21 521	E2 01E	16 126	21,002.	120 174
	include any "unusual grants.")	28,200.	21,521.	52,015.	16,436.	21,002.	139,174.
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	6,339.	489.	3,280.	4,018.	1,814.	15,940.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	34,539.	22,010.	55,295.	20,454.	22,816.	155,114.
	a Amounts included on lines 1, 2, and	,	,	, ,		,	
	3 received from disqualified persons						0.
k) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6.)						155,114.
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🖊	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	34,539.	22,010.	55,295.	20,454.	22,816.	155,114.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
k	unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
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.)	34,539.	22,010.	55,295.	20,454.	22,816.	155,114.
	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth ta	x year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	•		•	•	. , . ,	.
Se	ction C. Computation of Publi						
_	Public support percentage for 2013 (li			olumn (f))		15	100.00 %
	Public support percentage from 2012						100.00 %
	ction D. Computation of Inves					1	70
	Investment income percentage for 20°			e 13, column (f))		17	.00 %
	Investment income percentage from 2					18	<u> </u>
	a 33 1/3% support tests - 2013. If the						
.50	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2012. If the						
•	line 18 is not more than 33 1/3%, chec						
	Private foundation. If the organization						

INTERNATIONAL CESAREAN AWARENESS

Schedule A	(Form 990 or 990-EZ) 2013 NETWORK ,	INC.	13-3174577 Page 4
Part IV	Supplemental Information, Provide	the explanations required by Part II, line 10; Part II, line 1	7a or 17h: and Part III line 12
	Also complete this part for any additional inf	formation (Socientructions)	74 01 775, 414 7 411 111, 1110 12.
	Also complete this part for any additional in	omation. (See instructions).	
-			

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Department of the Treasury
Internal Revenue Service
Information about Schedule Q (Form 990 or

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990
INTERNATIONAL CESAREAN AWARENESS Emplo
NETWORK INC. 13

Employer identification number 13-3174577

NETWORK, INC.			13-	31745	7.7	
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:						
DESCRIPTION OF OTHER REVENUE:				AMO	rnuc	?:
INCOME FROM EDUCATIONAL MATERIALS					1,	814.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:						
DESCRIPTION OF OTHER EXPENSES:				AMO	rnuc	?: <u> </u>
BOARD TRAINING, CONFERENCE AND OTHER EXPENSES					3,	643.
DATABASE EXPENSES						858.
INTERNET AND WEBSITE EXPENSE					1,	864.
TAXES AND LICENSES						240.
MISCELLANEOUS						121.
COMMUNICATIONS EXPENSES - CONFERENCE AND WEBINARS					1,	770.
EDUCATIONAL MATERIALS EXPENSE					1,	383.
INSURANCE					1,	516.
PAYPAL FEES						499.
TOTAL TO FORM 990-EZ, LINE 16					11,	894.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:						
DESCRIPTION BE	G.	OF	YEAR	END	OF	YEAR
EDUCATIONAL MATERIALS		1	,665.		1,	165.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:						
DESCRIPTION BE	G.	OF	YEAR	END	OF	YEAR
CREDIT CARDS PAYABLE			34.			0.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public Inspection

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

INTERNATIONAL CESAREAN AWARENESS Emplo

NETWORK, INC. **Employer identification number** 13-3174577

MATERNAL-CHILD HEALTH BY PREVENTING UNNECESSARY CESAREANS THROUGH
EDUCATION, PROVIDING SUPPORT FOR CESAREAN RECOVERY, AND PROMOTING
VAGINAL BIRTH AFTER CESAREAN (VBAC).
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.

TAXABLE YEAR

California Exempt Organization Annual Information Return

328941 11-14-13 FORM

2013

199

Calendar Year	2013 or fiscal year beginning (mm/dd/yyyy)			, and ending (mm	/dd/yyyy)			
	ganization Name			, , ,	California corp	oration	number	
INTERN	ATIONAL CESAREAN AWARENESS							
	K, INC.				2728	488	}	
	room, or PMB no.)	FEIN						
P. O.	BOX 31423				13-3	174	<u>1</u> 577	
City		State		ZIP Code				
ST. LO	UIS	MO		63131				
A First Retu	ırn Yes X	No J	J If	exempt under R&TC Section	on 23701d, has	the or	ganization	
B Amended	I Information Return • Yes X	No	dι	iring the year: (1) participa	ted in any politic	al can	npaign,	
	on 4947(a)(1) trust Yes X	No	or	(2) attempted to influence	legislation or ar	ny ball	ot measure,	
	rmation Return?		or	(3) made an election unde	er R&TC Section	2370	4.5	
•	Dissolved • Surrendered (Withdrawn)		(re	elating to lobbying by publi	ic charities)?		● Yes X No	
•	Merged/Reorganized Enter date: (mm/dd/yyyy) ●			"Yes," complete and attach				
E Check ac	counting method:	_ ⊾	(Is	the organization exempt u	nder R&TC Sect	ion 23	3701g? ● Yes X No	
(1) X	Cash (2) Accrual (3) Other			"Yes," enter the gross recei				
F Federal r	eturn filed?		SC	ources			\$	
(1) ●	990T (2) • 990 PF (3) • Sch H (990)	L	. If	organization is exempt und	der R&TC Sectio	n 237	01d and is	
G Is this a	group filing for the subordinates/affiliates? • 🗶 Yes 🗌	No	ex	clusively religious, educati	ional, or charitab	le, an	d is	
If "Yes," a	ttach a roster. See instructions		SU	ipported primarily (50% or	more) by public	conti	ributions,	
H Is this or	ganization in a group exemption? Yes X	- 1		eck box. No filing fee is re				
If "Yes," v	what is the parent's name? M Is the organization a Limited Li			Liability Compa	ny? .	● Yes X No		
		_ ^		d the organization file Forn				
I Did the o	rganization have any changes in its activities, governing			port taxable income?				
	nt, articles of incorporation, or bylaws that have		0 Is the organization under audit by the IRS or has the					
not been	reported to the Franchise Tax Board? • Yes X	No	IR	S audited in a prior year?			• Yes X No	
	xplain, and attach copies of revised documents.							
Part I	complete Part I unless not required to file this form. See Genera						1 011	
	1 Gross sales or receipts from other sources. From Side 2, Pa					1	1,814.00	
	2 Gross dues and assessments from members and affiliates				•	2	00	
	3 Gross contributions, gifts, grants, and similar amounts received					3	21,926.00	
Receipts	4 Total gross receipts for filing requirement test. Add line 1 through line 3.						22 740	
and	This line must be completed. If the result is less than \$50,	000, 8	see C			4	23,740.00	
Revenues	5 Cost of goods sold				00			
	6 Cost or other basis, and sales expenses of assets sold				00	7		
						7 8	23,740.00	
	8 Total gross income. Subtract line 7 from line 4						16,740.00	
Expenses	 Total expenses and disbursements. From Side 2, Part II, lin Excess of receipts over expenses and disbursements. Subt 			from line 0		10	7,000.00	
	 Excess of receipts over expenses and disbursements. Subt Filing fee \$10 or \$25. See General Instruction F 					11	10.00	
	40 7 1					12		
Filing	4 B W 11 1 1 1 1 1 1 1					13	00	
Fee	44				_	14	00	
	15 Balance due. Add line 11, line 13, and line 14. Then subtra			rom the result		15	10.00	
	Under penalties of perjury, I declare that I have examined this return, including it is true, correct, and complete. Declaration of preparer (other than taxpayer)						nowledge and belief,	
Sign	it is true, correct, and complete. Declaration of preparer (other than taxpayer)		ed on Title	all information of which prepare	er has any knowled I Date	lge.	■ Telephone	
Here	Signature of officer			EASURER	Date		Ciciphone	
	or o			Date	Check if		● PTIN	
	Preparer's signature				self-employed		₽00875246	
Paid	Firm's name						● FEIN	
Preparer's	(or yours, if self-						43-1870213	
Use Only	employed) 7777 BONHOMME AVE., #20	01					Telephone	
-	and address ST. LOUIS, MO 63105-194	6					(314) 727-1155	
	May the FTB discuss this return with the preparer shown above?	See ir	nstru	ctions	•	Yes	No	

328951 11-14-13

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

		1	Gross sales or receipts from all	busines	ss activities. See inst	tructions		•	1		00
		2 Interest									00
		3	Dividends	3		00					
Rec	eipts	4						•	4		00
from	1	5	Gross royalties					•	5		00
Othe	er	6	Gross amount received from sa	le of ass	sets (See Instruction	ıs)		•	6		00
Sou	rces	7	Other income				SEE STA	ATEMENT 1 •	7		1,814.00
		8	Total gross sales or receipts fro			-			8		1,814.00
		9	Contributions, gifts, grants, and						9		00
		10	Disbursements to or for member	ers			OPP OP7	•	10		00
			Compensation of officers, direct						11		0.00
F			Other salaries and wages						12		00
•	enses	13	Interest						13		00
and	uroo-	14	Taxes						15		00
men	urse-	15 16	Rents	inetrue	otione)				16		00
IIIGII	la	17	Depreciation and depletion (See Other Expenses and Disbursem	; IIISII UU Ante	Juons)		SEE STA	\темемт 3 •	17		16,740.00
			Total expenses and disburseme	onte ∆d	ld line 9 through line		here and on Side 1 F	Part I line 9	18		16,740.00
Scl	nedul			7110. 71u	Beginning				d of tax	able y	
Asse					(a)		(b)	(c)			(d)
							19,091.			•	26,557.
2			receivable				•			•	· · · · · · · · · · · · · · · · · · ·
			ceivable							•	
										•	
			state government obligations							•	
6	Investn	nents	in other bonds							•	
7	Investn	nents	in stock							•	
8	Mortga	ge loa	ans							•	
	Other ir									•	
10	a Depr	eciab	le assets			,					
			mulated depreciation	()		()		
	Land		GENERA A				1 665			•	1 165
			STMT 4				1,665.			•	1,165.
			-1 all				20,756.				27,722.
			et worth								
			yables, gifts, or grants payable							•	
			otes payable							÷	
			ayable							<u> </u>	
	Other li						34.				
			or principle fund				<u> </u>			•	
			tal surplus. Attach reconciliation							•	
			nings or income fund				20,722.	,		•	27,722.
			es and net worth				20,756.				27,722.
Scl	nedul	le N	I-1 Reconciliation of income	per bo	oks with income pe	r return					
			Do not complete this sche	dule if t	the amount on Sche	dule L, lin	e 13, column (d), is le	ss than \$50,000.			
			oer books		•		7 Income recorde	d on books this year			
			me tax		•		not included in t	his return.		•	
			pital losses over capital gains		•			is return not charged			
			recorded on books this year		•			come this year		•	
			corded on books this year not				9 Total. Add line 7				
			this return	1	•		10 Net income per i				
_6	rotal. A	ad lir	ne 1 through line 5				Subtract line 9 f	rom line 6			

FORM 199 C	THER	INCOME	STATEMENT	1
DESCRIPTION			AMOUNT	
INCOME FROM EDUCATIONAL MATERIALS			1,8	14.
TOTAL TO FORM 199, PART II, LINE 7	7		1,8	14.
FORM 199 COMPENSATION OF OFFIC	CERS,	DIRECTORS AND TRUSTEES	STATEMENT	2
NAME AND ADDRESS		TITLE AND AVERAGE HRS WORKED/WK	COMPENSAT	ION
CHRISTA BILLINGS P.O. BOX 31423 SAINT LOUIS, MO 63131		PRESIDENT 20.00		0.
MELODY THOMPSON P.O. BOX 31423 SAINT LOUIS, MO 63131		SECRETARY 15.00		0.
MYCHEL HEFNER P.O. BOX 31423 SAINT LOUIS, MO 63131		TREASURER 15.00		0.
LAQUITHA GLASS P.O. BOX 31423 SAINT LOUIS, MO 63131		MEMBER AT LARGE 15.00		0.
TOTAL TO FORM 199, PART II, LINE 1	L1			0.
FORM 199 C	OTHER	EXPENSES	STATEMENT	3
DESCRIPTION			AMOUNT	
BOARD TRAINING, CONFERENCE AND OTH DATABASE EXPENSES INTERNET AND WEBSITE EXPENSE	HER ΕΣ	KPENSES	3,6 8 1,8	58.
TAXES AND LICENSES MISCELLANEOUS COMMUNICATIONS EXPENSES - CONFEREN EDUCATIONAL MATERIALS EXPENSE INSURANCE PAYPAL FEES	ICE AL	ND WEBINARS	2 1 1,7 1,3 1,5	40. 21. 70. 83.
PROFESSIONAL FEES AND OTHER PAYMEN CONTRACTORS	NTS TO	O INDEPENDENT	1,5	

INTERNATIONAL CESAREAN AWAREN	IESS NETWORK		13-3174577
PRINTING, PUBLICATIONS, POSTAGE	E AND SHIPPING		3,341.
TOTAL TO FORM 199, PART II, LIN	IE 17		16,740.
FORM 199	OTHER ASSETS		STATEMENT 4
DESCRIPTION		BEG. OF YEAR	END OF YEAR
EDUCATIONAL MATERIALS		1,665.	1,165.
TOTAL TO FORM 199, SCHEDULE L,	LINE 12	1,665.	1,165.
FORM 199	OTHER LIABILITIES		STATEMENT 5
DESCRIPTION		BEG. OF YEAR	END OF YEAR
CREDIT CARDS PAYABLE		34.	0.
TOTAL TO FORM 199, SCHEDULE L,	LINE 18	34.	0.

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

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

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

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

State Charity Registration Number: cT 126446	Check if:							
INTERNATIONAL CESAREAN AWARENESS NETWORK, INC. Name of Organization		Change of address Amended report						
P. O. BOX 31423 Address (Number and Street)	Corporate	or Organization No. 2728488						
ST. LOUIS, MO 63131 City or Town, State and ZIP Code	Federal En	nployer I.D. No. <u>13-3174577</u>						
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	<u>e</u>				
Less than \$25,000 0 Between \$100,001 and \$250, Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 mi								
PART A - ACTIVITIES								
For your most recent full accounting period (beginning $\frac{01/01}{}$ Gross annual revenue \$ $\frac{23,740}{}$ Total assets	2013 endi	ing <u>12/31/2013</u>) list: 27,722.						
PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIO	OD OF THIS RE	PORT						
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.								
During this reporting period, were there any contracts, loans, leases or oth	her financial tran	sactions between the organization	Yes	No				
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?								
2. During this reporting period, was there any theft, embezzlement, diversion or funds?	n or misuse of th	e organization's charitable property		Х				
3. During this reporting period, did non-program expenditures exceed 50% of	of gross revenue	es?		Х				
 During this reporting period, were any organization funds used to pay any with the Internal Revenue Service, attach a copy. 	penalty, fine or	judgment? If you filed a Form 4720		х				
5. During this reporting period, were the services of a commercial fundraiser If "yes," provide an attachment listing the name, address, and telephone				х				
6. During this reporting period, did the organization receive any government name of the agency, mailing address, contact person, and telephone num		, provide an attachment listing the		Х				
 During this reporting period, did the organization hold a raffle for charitabl the number of raffles and the date(s) they occurred. 	e purposes? If "	yes," provide an attachment indicating		Х				
8. Does the organization conduct a vehicle donation program? If "yes," provoperated by the charity or whether the organization contracts with a common contract				Х				
9. Did your organization have prepared an audited financial statement in according principles for this reporting period?	cordance with ge	enerally accepted accounting		х				
Organization's area code and telephone number 314-225-3443								
Organization's e-mail address TREASURER@ICAN-ONLINE.ORG	·							
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.								
MYCHEL HEFNER TREASURER								
Signature of authorized officer Printed Name	Tit	le Date						