

Short Form

Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2004

Form 990-EZ

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning , 2004, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
INT'L CESAREAN AWARENESS NTKW, INC.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
757 POPPY ROAD
 City or town, state or country, and ZIP + 4
SAN MARCOS, CA 90278-6905

D Employer identification number
13-3174577

E Telephone number
(800) 686-ICAN

F Group Exemption Number . . . ▶ **9138**

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
 Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **HTTP://WWW.ICAN-ONLINE.ORG**

J Organization type (check only one) - 501(c)(3) () ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **30,210**

Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

1	Contributions, gifts, grants, and similar amounts received	1	20,662
2	Program service revenue including government fees and contracts	2	
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 (line 5a less line 5b) (attach schedule)	5c	
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
7a	Gross sales of inventory, less returns and allowances	7a	9,548
b	Less: cost of goods sold	7b	7,396
c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	2,152
8	Other revenue (describe ▶)	8	
9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	22,814
10	Grants and similar amounts paid (attach schedule)	10	
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	45
14	Occupancy, rent, utilities, and maintenance	14	2,830
15	Printing, publications, postage, and shipping	15	7,643
16	Other expenses (describe ▶)	16	11,240
17	Total expenses (add lines 10 through 16)	17	21,758
18	Excess or (deficit) for the year (line 9 less line 17)	18	1,056
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	
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year (combine lines 18 through 20)	21	1,056

Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
Cash, savings, and investments	6,643	7,703
Land and buildings		23
Other assets (describe ▶ LIBRARY REFERENCE BOOKS)	8,176	9,090
Total assets	14,819	16,793
Total liabilities (describe ▶)		26
Net assets or fund balances (line 27 of column (B) must agree with line 21)	14,819	16,574

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2004)

REVENUE

RECEIVED
AUG 16 2005
038
MAGDEN U

SAVED
AUG 22 2005

25

Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses
What is the organization's primary exempt purpose? <u>CONSUMER EDUCATION & SUPPORT</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.		
28	<u>DISSEMINATION OF EDUCATIONAL MATERIALS THROUGH QTRLY NEWSLETTER AND ONLINE DATABASE INCLUDING INFO ON NEW RESEARCH INTO NATURAL CHILDBIRTH & HEA</u> (Grants \$)	28a
29	(Grants \$)	29a
30	(Grants \$)	30a
31	Other program services (attach schedule) (Grants \$)	31a
32	Total program service expenses (add lines 28a through 31a)	32

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
<u>See attached statement</u>				

Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		
b	Did the organization file Form 1120-POL for this year?		X
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 unpaid at the start of the period covered by this return?		X
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		X
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization		
41	List the states with which a copy of this return is filed. <u>CA</u>		
42	The books are in care of <u>TONYA JAMOIS</u> Telephone no. <u>90278</u> Located at <u>SAN MARCOS CA</u> ZIP + 4		
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		

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

Please Sign Here: Tonya M. Jamois Signature of officer | 8/11/2005 Date
Tonya M. Jamois President

Date	Check if self-employed	Preparer's SSN or PTIN (See Gen. Inst. W)
<u>08-08-2005</u>	<input checked="" type="checkbox"/>	<u>P00320968</u>
EA	EIN	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

OMB No 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information -- (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

INT'L CESAREAN AWARENESS NTWK, INC.

13-3174577

Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$50,000 ▶				

Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

Name as shown on Return

Employer identification number

INT'L CESAREAN AWARENESS NTKW, INC.

13-3174577

DESCRIPTION	AMOUNT
REQUIRED LICENSES AND CERTIFICATES.....	45
TOTAL:	45

MISCELLANEOUS EXPENSES

DESCRIPTION	AMOUNT
ADVERTISING.....	135
REFERENCE MATERIALS.....	46
DONATIONS.....	35
OTHER EXPENSE.....	40
TOTAL:	256

DESCRIPTION	AMOUNT
ENTRANCE AND ATTENDANCE FEES.....	907
TOTAL:	907

DESCRIPTION	AMOUNT
TRAVEL EXPENSES, DIRECTORS AND OFFICERS.....	2,879
MEALS EXPENSES, DIRECTORS AND OFFICERS.....	326
TOTAL:	3,205

DIRECT PUBLIC SUPPORT

DESCRIPTION	AMOUNT
SUBSCRIPTIONS.....	12,786
CONTRIBUTIONS - RESTRICTED.....	111
CONTRIBUTIONS - UNRESTRICTED.....	3,451
CONTRIBUTIONS - FROM CHAPTERS.....	956
OTHER INCOME.....	201
PROGRAM SERVICE FEES.....	675
TOTAL:	18,180

Statement Summary

2004

Form 990-EZ - Part IV

List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return	Identifying Number
INT'L CESAREAN AWARENESS NTWK, INC.	13-3174577

(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
TONYA JAMOIS SAN MARCOS CA	PRESIDENT 25	0	0	0
PAM UDY OGDEN UT	VICE PRES 20	0	0	0
PAMELA KLEINGERS WEST CHESTER OH	SECRETARY 20	0	0	0
DEBBY CRAIL GREENVILLE WI	BOOKSTORE DIR 20	0	0	0
RHONDA S MITCHELL TRINITY FL	INFO SVCS 20	0	0	0
KRISTA C SCOTT ROCHESTER NY	CHAPTER DIR 20	0	0	0
CONNIE BANACK SPRUCE GROVE AB CANADA	EDUCATION DIR 20	0	0	0
SALLY HEBERT SUMMERVILLE SC	PUBLICITY 20	0	0	0