# 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)

OMB No. 1545-1150

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.

**Open to Public** Inspection

Α	For the	2016 calenda	ar year, or tax year beginning 06/01	, 2016,	and ending		05/31	, 20	17
В	Check if ap	oplicable:	C Name of organization			D Empl	oyer ide	entification numbe	er
	Address o	hange	INTERNATIONAL SACRAL AGENESIS CAUDAL REGRES	SION ASSO	CIATION		4!	5-5564733	
	Name cha	ange	Number and street (or P.O. box, if mail is not delivered to street addr	ress)	Room/suite	E Telep	hone nu	umber	
~	Initial retu		PO Box 2722				63	1-629-5277	
H		n/terminated	City or town, state or province, country, and ZIP or foreign postal co	de	I	F Grou	ıp Exer	mption	
H	Amended Application	n pending	Springfield, VA, 22152				nber 🕨	•	
G		ting Method:			н	Check	▶ V i	f the organization	n is <b>not</b>
	Website	_	.isacra.org		I			ach Schedule B	113 1100
			eck only one) — ✓ 501(c)(3)	7.4947(a)(1) 0	 r □527			0-EZ, or 990-PF).	_
			Corporation Trust Association	Other		(, , , , , , ,	,		
			7b to line 9 to determine gross receipts. If gross receipts are		nore, or if tota	Lassets			
			w) are \$500,000 or more, file Form 990 instead of Form 990-E				<b>•</b> •		1,586
	Part I		e, Expenses, and Changes in Net Assets or Fu				rtions	for Part I)	1,500
	arti		the organization used Schedule O to respond to an		•				V
_	1		ons, gifts, grants, and similar amounts received				1		1,473
	2		ervice revenue including government fees and contract				2		0
	3	-	ip dues and assessments				3		0
	4	Investment					4		1
	5a		bunt from sale of assets other than inventory	. 5a			7		
	b		or other basis and sales expenses			0			
	C		ss) from sale of assets other than inventory (Subtract li		ino 50)		5c		0
	6		id fundraising events	ile ob ilolli i	ille Jaj		30		
	a	_	ome from gaming (attach Schedule G if greater	than					
ā				.   6a	I	0			
Revenue	b		ome from fundraising events (not including \$		L				
ě			aising events reported on line 1) (attach Schedule G i		Continuation	15			
α.			ch gross income and contributions exceeds \$15,000).		I	0			
			et expenses from gaming and fundraising events			0			
	d		e or (loss) from gaming and fundraising events (add		l 6h and su	htract			
	"	line 6c)				Diract	6d		0
	7a	,	s of inventory, less returns and allowances	1	1	112	ou		
	b		of goods sold			112 66			
	C		it or (loss) from sales of inventory (Subtract line 7b fron				7c		4.6
	8	•	nue (describe in Schedule O)	,			8		46 0
	9		<b>nue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9		1,520
_	10		I similar amounts paid (list in Schedule O)				10		1,520
	11		aid to or for members				11		0
G			ther compensation, and employee benefits				12		0
Se	13		al fees and other payments to independent contractors				13		491
er Jer	14		y, rent, utilities, and maintenance				14		0
Expenses	15		ublications, postage, and shipping				15		143
	16						16		
	17	Total expe	enses (describe in Schedule O)			<u> </u>	17		1,178
_	10		(deficit) for the year (Subtract line 17 from line 9)				18		1,951
ets	19		s or fund balances at beginning of year (from line 27,				10		-431
SS	'		ar figure reported on prior year's return)				10		0.007
Net Assets	20	=					19		8,297
Ne	20		nges in net assets or fund balances (explain in Schedul				20		-458
_	21		or fund balances at end of year. Combine lines 18 thro	_		. 🟲	21	Form <b>990-EZ</b>	7,408
F0	r raper	work Heauct	ion Act Notice, see the separate instructions.	Cat.	No. 10642I			FORM JJU-EZ	<u>    (∠∪⊺0)</u>

Form 990-EZ (2016) Page 2 Balance Sheets (see the instructions for Part II) Part II Check if the organization used Schedule O to respond to any question in this Part II . . . . . . . . . . . (A) Beginning of year (B) End of year 7,773 22 22 Cash, savings, and investments 7,408 23 0 23 0 24 524 24 0 25 8.297 25 7,408 0 26 26 Total liabilities (describe in Schedule O) 0 8,297 27 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . . . 7,408 Part III Statement of Program Service Accomplishments (see the instructions for Part III) **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O, Statement 1 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services. organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. website design and maintenance services the organizations purpose of disseminating information about sacral agenesis/caudal regression syndrome to individuals, their families, medical professionals, educators, (Continued on Schedule O, Statement 2) 0) If this amount includes foreign grants, check here . . . . 28a 431 Hosting meet-ups in various locations allow individuals with the rare condition of SA/CRS to connect and share information. While iSACRA does not have a formal membership structure, we support connections of over 900 individuals and families worldwide. (Grants \$ 0) If this amount includes foreign grants, check here . . . . 29a 119 Reimbursement of postage expenses for mailing allows individuals with this condition to participate in an equipment exchange program. 0) If this amount includes foreign grants, check here . . . . 30a 39 31 Other program services (describe in Schedule O) See Schedule O, Statement 3. . . . . . . . (Grants \$ 0) If this amount includes foreign grants, check here . . . . 31a 55 32 644 List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Jessica Rogers	10	0	0	0
President				
Jahna Berry	10	0	0	0
Vice President				
Kaycee Marshall	2	0	0	0
Secretary				
Phyllis Rogers	20	0	0	0
Treasurer				
Jaymie-Rae Babel	5.00	0	0	0
Trustee				
Jenn Carlson	3	0	0	0
Trustee				
Renee Smith	2	0	0	0
Trustee				

Other Information (Note the Schedule A and personal benefit contract statement requirements in the Part V instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 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 34 Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a 35a 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 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 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 Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37a 37b 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? 38a If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . Section 501(c)(7) organizations. Enter: 39 39a Gross receipts, included on line 9, for public use of club facilities . . . . . . . . . Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ o ; section 4912 ► o ; section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 / Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 0 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . . . . . . . . . . . . . ▶ 0 All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter List the states with which a copy of this return is filed ► MI, NY 41 **42a** The organization's books are in care of ▶ Phyllis Rogers 631-629-5277 Telephone no. ▶ Located at ► PO Box 2722, Springfield, VA 22152 ZIP + 4 ▶ 22152 **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here 43 and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . . 43 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be 44a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 44b If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . . . . . . 45a 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 

45b

Page 3

Form 99	U-EZ (21	0110)								Page -
									Yes	No
		ne organization engage, directly or in ndidates for public office? If "Yes," c								
Part \		Section 501(c)(3) organizations		, Pari		· · ·	• •	·   46		<b>'</b>
ı aıt		All section 501(c)(3) organizations		stions 47–49b an	d 52. and	l comp	lete th	e tables	for lin	es
		50 and 51.	4		,					
		Check if the organization used Sch	nedule O to respond	to any question in	n this Part	VI .				. 🗆
		<u> </u>							Yes	No
		ne organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec		ect duri	ng the	tax . 47		_
48	Is the	organization a school as described in	section 170(b)(1)(A)(ii	i)? If "Yes," complet	te Schedul	еЕ .		. 48		~
49a	Did th	ne organization make any transfers to	an exempt non-cha	ritable related orga	nization?			. 49a	a .	~
b		s," was the related organization a se								
50		olete this table for the organization's								
	empi	oyees) who each received more than	\$100,000 of comper	isation from the org				e, enter	None.	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribution	ealth bend tions to er lans, and mpensation	mployee deferred	(e) Estima other co		
None							-			
None										
51	Comp \$100	number of other employees paid over plete this table for the organization's 000 of compensation from the organ Name and business address of each independ	s five highest compenization. If there is no	ensated independe		tors wh		receive		e thar
						_				
None				-						
						+				
				1						
d	Total	number of other independent contra	ctors each receiving	over \$100 000	•					
52 52		the organization complete Schedu	•		ganization	 s must	attack	า ล		
		eted Schedule A			•			.► ✓ Ye	s 🗌	No
Under pe	enalties	of perjury, I declare that I have examined this re	eturn, including accompan	ying schedules and state	ements, and t	o the bes	t of my kr	nowledge ar	nd belief	, it is
true, cor	rect, an	d complete. Declaration of preparer (other than	officer) is based on all info	rmation of which prepar	er has any kn	owledge.				
٥.		<b>)</b>								
Sign		Signature of officer				Date				
Here		phyllis rogers, Treasurer Type or print name and title								
Paid	- 1	Print/Type preparer's name	Preparer's signature		Date		Check	if PTIN		
Prepa	arer						elf-emplo	· I		
Use (		Firm's name ▶				Firm's E	IN ▶			
		Firm's address ▶	-1			Phone n	Ю.			
ıvıay th	e IKS	discuss this return with the preparer	snown above? See i	nstructions				►   Ye	s	No

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

### **Public Charity Status and Public Support**

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Name of the organization

Employer identification number

INTE	RNATIONAL SACRAL AGENESIS CA	UDAL REGRESS	ION ASSOCIATION			45-550	64733	
Par	rt I Reason for Public Char	rity Status (All	organizations must	comple	te this p	art.) See instructio	ns.	
The o	organization is not a private founda	tion because it i	s: (For lines 1 through	12, ched	ck only or	ne box.)		
1	A church, convention of church							
2	A school described in <b>section</b>		·					
3	A hospital or a cooperative hos							
4	A medical research organizatio	•	onjunction with a hosp	oital desc	ribed in <b>s</b>	section 170(b)(1)(A)(	<b>iii).</b> En	ter the
_	hospital's name, city, and state							
5	An organization operated for t section 170(b)(1)(A)(iv). (Comp	olete Part II.)					al unit	described in
6 7	☐ A federal, state, or local govern☐ An organization that normally						tho a	onoral public
•	described in section 170(b)(1)(		•	port iron	i a goven	ninental unit of hon	i iiie g	erierai public
8	☐ A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	☐ An agricultural research organiz							
	or university or a non-land-grar university:		,	,				
10	An organization that normally receipts from activities related	eceives: (1) more to its exempt fu	e than 33½% of its sunctions—subject to c	upport fro ertain exc	om contril ceptions.	butions, membership and (2) no more tha	o fees, n 331/31	and gross % of its
	support from gross investment	income and uni	elated business taxal	ole incom	ne (less se	ection 511 tax) from	busine	esses
44	acquired by the organization af							
11 12	<ul><li>☐ An organization organized and</li><li>☐ An organization organized and</li></ul>	•	•	-			m / Out	the purposes
12	of one or more publicly suppo							
	Check the box in lines 12a through							
а	Type I. A supporting organi	ization operated	. supervised, or contr	olled by i	ts suppo	rted organization(s).	tvpical	llv bv aivina
	the supported organization	•		•		• • • • • • • • • • • • • • • • • • • •		, , , ,
	supporting organization. Yo	ou must comple	ete Part IV, Sections	A and B	•			
b	☐ <b>Type II.</b> A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	supported organizati	on(s), k	y having
	control or management of t				persons	that control or mana	age the	e supported
	organization(s). You must o							
С	its supported organization(s						ally inte	egrated with,
d								
	that is not functionally integ						d an at	ttentiveness
	requirement (see instruction	•	•		-			
е							e II, Typ	oe III
	functionally integrated, or T				•			
1	Enter the number of supported o Provide the following information	0						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary	(vi)	Amount of
	(y rame of supported organization	(,	(described on lines 1-10	listed in you	ur governing	support (see	other	support (see
			above (see instructions))	docu	ment?	instructions)	in	structions)
				Yes	No			
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	ı							

(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) 2012 **(b)** 2013 (c) 2014 (d) 2015 **(e)** 2016 (f) Total Gifts, grants, contributions, 1 membership fees received. (Do not include any "unusual grants.") . . . revenues levied organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge . . . . Total. Add lines 1 through 3. . . . 4 The portion of total contributions by 5 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) . . . . Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 . . . . . . 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . . . . . . . Net income from unrelated business 9 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 VI.) . . . . . . . **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 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) 13 Section C. Computation of Public Support Percentage Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 % Public support percentage from 2015 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . 15 331/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . . . . . . . . . . . . . . 331/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 18

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

### Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support					•	
Calen	dar year (or fiscal year beginning in) ▶	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	<b>(e)</b> 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	25	695	1,946	6,947	1,473	11,086
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	20	470	595	413	112	1,610
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	<b>-</b>	0 45	0 1,165	2 541	7,360	0 1,585	12,696
7a	Amounts included on lines 1, 2, and 3	45	1,105	2,541	7,300	1,363	12,070
	received from disqualified persons .	25	260	20	107	0	412
b	Amounts included on lines 2 and 3	20	200	20	107		
~	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	0	0	0	0	0
С	Add lines 7a and 7b	25	260	20	107	0	412
8	Public support. (Subtract line 7c from						
	line 6.)						12,284
	on B. Total Support						
	dar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	(c) 2014	<b>(d)</b> 2015	<b>(e)</b> 2016	(f) Total
9	Amounts from line 6	45	1,165	2,541	7,360	1,585	12,696
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar sources.	1	0				4
b	Unrelated business taxable income (less	1	0	0	0	0	1
D	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	1	0	0	0	0	1
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)	0	0	0	0	0	0
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the	46	1,165	2,541	7,360	1,585	12,697
17	organization, check this box and <b>stop he</b>	•			•		` ' ; '
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2016 (line 8			3. column (f))		15	%
16	Public support percentage from 2015 Sch		•			16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2016 (			y line 13, colun	nn (f))	17	%
18	Investment income percentage from 2015	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests-2016. If the organ						
	17 is not more than 331/3%, check this box	_	_	-		_	_
b	331/3% support tests—2015. If the organiz						
	line 18 is not more than 331/3%, check this l	_	_	· ·	-	-	
20	<b>Private foundation.</b> If the organization di	g not check a l	pox on line 14.	. 19a. or 19b. c	neck this box	and see instru	ctions 🕨 🗀

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

			Yes	Na
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by		res	No
2	class or purpose, describe the designation. If historic and continuing relationship, explain.  Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported	1		
	organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
_	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
8	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
Ū	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	00		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9a 9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b 9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated	30		
<b>L</b>	supporting organizations)? If "Yes," answer 10b below.	10a		
D	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	406		

Part I	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in (a) above?	11b		<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .	11c		
Section	on B. Type I Supporting Organizations			I
_			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the approximation approach fourth a homeful of any approximation at how there the approached	-		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			<u> </u>
Occur	on or Type in Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations			·
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	☐ The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (	see in	struct	ions).
•	Activities Test Anguar (a) and (b) below		Vaa	No
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	a		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
-	trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionall	y int	tegrated Type III supporti	ng organization (see
instructions).	-		- • • • • • • • • • • • • • • • • • • •

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions	,	,	Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9_	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>		<b>/</b>
S	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
_ <u>i</u>	Carryover from 2011 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	<b>Excess distributions carryover to 2017</b> . Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	5 ( 0040			
b	Excess from 2013			
C	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

### **SCHEDULE 0** (Form 990 or 990-EZ)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

INTERNATIONAL SACRAL AGENESIS CAUDAL REGRESSION ASSOCIATION	45-5564733
Form 990-EZ, Part I, Line 16 - Line 10 "other expenses" computer equipment purchase \$418 webconfe	rencing fees \$180 webhosting and
maintenance \$349 state registration fees \$120 Paypal processing fees \$6 Registered agent fees \$50 co	
	3.7
Form 990-EZ, Part I, Line 20 - inventory was previously overstated. Wrote off remaining balance of inv	entory at end of FY, after sales and
COGS at -\$458	onto y at one or 1 17 and suits and
COGS at -\$430	

## INTERNATIONAL SACRAL AGENESIS CAUDAL REGRESSION ASSOCIATION

Form: **Form 990-EZ (2016)** EIN: **45-5564733** 

Page: 2 Part III

### **Primary Exempt Purpose**

### **Primary Exempt Purpose**

iSACRA provides information, support, advocacy and connection to those with a rare condition of sacral agenesis/caudal regression syndrome (SA/CRS), and their families, worldwide. iSACRA educates and raises awareness among medical professionals, educators, and the general public in order to improve the quality of life for those with SA/CRS.

### Schedule O, Statement 2

## INTERNATIONAL SACRAL AGENESIS CAUDAL REGRESSION ASSOCIATION

Form: **Form 990-EZ (2016)** EIN: **45-5564733** 

Page: 2 Part III, Line 28

### First Program Service Accomplishments Description

### Description

and the general public. Webinars additionally support the goal of information dissemination to improve the quality of lives of those with this condition.

## INTERNATIONAL SACRAL AGENESIS CAUDAL REGRESSION ASSOCIATION

Form: **Form 990-EZ (2016)** EIN: **45-5564733** 

Page: 2 Part III, Line 31

### Other Program Service Accomplishments

Description	Grants And Allocations	Includes Foreign Grants	Program Service Expenses
iSACRA published a children's ebook about growing up with sacral agenesis and obtained a copyright for this publication.	0		55
Total:			55