

Form **990**

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. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **OCT 1, 2018** and ending **SEP 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization INFANT LOSS RESOURCES INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1120 S 6TH ST 500 City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS, MO 63104 F Name and address of principal officer: VIKKI COLLIER SAME AS C ABOVE	D Employer identification number 43-1344645 E Telephone number 314-241-7437 G Gross receipts \$ 244,390. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.INFANTLOSSRESOURCES.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1984 M State of legal domicile: MO

Part I Summary

1	Briefly describe the organization's mission or most significant activities: COUNSELING FOR FAMILIES OF INFANTS WHOSE DEATHS ARE ATTRIBUTED TO SUDDEN INFANT DEATH SYNDROME		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	10
6	Total number of volunteers (estimate if necessary)	6	148
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	174,456.	140,702.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	127,344.	87,911.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	301,800.	228,613.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	184,344.	188,114.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 20,777.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,294.	61,832.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	265,638.	249,946.
19	Revenue less expenses. Subtract line 18 from line 12	36,162.	-21,333.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	88,006.	82,466.
22	Net assets or fund balances. Subtract line 21 from line 20	5,177.	20,170.
		82,829.	62,296.

Part II Signature Block

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

Sign Here	Signature of officer VIKKI COLLIER, EXECUTIVE DIRECTOR Type or print name and title	Date	
Paid Preparer Use Only	Print/Type preparer's name ROBB ROHLFING Preparer's signature Date 02/13/20 Check if self-employed <input type="checkbox"/> PTIN P01050751 Firm's name ▶ SFW PARTNERS, LLC Firm's address ▶ 1610 DES PERES RD, SUITE 300 SAINT LOUIS, MO 63131-1891 Firm's EIN ▶ 43-1764273 Phone no. 314-569-3333		

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