

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 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.

OMB No. 1545-0047
2021
 Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 10/01/21, and ending 09/30/22

3 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 <p align="center">INFANT LOSS RESOURCES INC</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1120 S 6TH ST SUITE 500 City or town, state or province, country, and ZIP or foreign postal code SAINT LOUIS MO 63104	D Employer identification number <p align="center">43-1344645</p> E Telephone number <p align="center">314-241-7437</p> G Gross receipts \$ 247,904
F Name and address of principal officer: VIKKI COLLIER 1120 S 6TH ST SUITE 500 SAINT LOUIS MO 63104		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
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		H(e) Group exemption number
J Website: WWW.INFANTLOSSRESOURCES.ORG		L Year of formation: 1984 M State of legal domicile: MO
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																									
	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)	12																								
	4 Number of independent voting members of the governing body (Part VI, line 1b)	12																								
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	7																								
	6 Total number of volunteers (estimate if necessary)	56																								
	7a Total unrelated business revenue from Part VIII, column (C), line 12	0																								
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	0																								
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">213,074</td> <td align="right">206,667</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td></td> <td align="right">0</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td></td> <td align="right">0</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">26,657</td> <td align="right">25,718</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">239,731</td> <td align="right">232,385</td> </tr> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	213,074	206,667	9 Program service revenue (Part VIII, line 2g)		0	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	26,657	25,718	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	239,731	232,385						
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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 Type or print name and title	Date: 2-13-23 EXECUTIVE DIRECTOR
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Paid Preparer Use Only	Print/Type preparer's name: STEVEN M HENSON Preparer's signature: Date: 02/13/23	Check <input type="checkbox"/> if self-employed	PTIN: P00546132 Firm's name: MADDOCKHENSON PC Firm's EIN: 43-1533361 Firm's address: 5353 S. LINDBERGH BLVD STE 200 ST. LOUIS, MO 63126-3520 Phone no.: 314-894-8400
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May the IRS discuss this return with the preparer shown above? See instructions Yes No