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ORIGINAL

Return of Organization Exempt From Income Tax 2011 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Department of the Treasury Open to Public ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection For the 2011 calendar year, or tax year beginning 0.4/0.1/1.1 , and ending 0.3/3.1/1.2C Name of organization D Employer identification number Check if applicable Infant Crisis Services, Inc. Address change Doing Business As 73-1378766 Name change Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return 4224 N Lincoln Blvd 405-528-3663 Terminated City or town, state or country, and ZIP + 4 Oklahoma City OK 73105 2,512,051 Amended return G Gross receipts\$ Name and address of principal officer Application pending Yes X No H(a) Is this a group return for affiliates? Miki Farris 4224 N Lincoln Blvd H(b) Are all affiliates included? If "No," attach a list (see instructions) Oklahoma City OK 73105 X 501(c)(3) | 501(c) () < (insert no) 4947(a)(1) or Tax-exempt status Website > www.infantcrisis.org H(c) Group exemption number Form of organization X Corporation Trust Association Year of formation 1984 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities Governance Provides basic food, clothing and other necessities for families with infants and small children in time of crisis. 2 Check this box | 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) 20 Activities & 3 20 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 19 5 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 6 2249 7a n 7a Total unrelated business revenue from Part VIII, column (C), line 12 7b 0 b Net unrelated business taxable income from Form 990-T, line 34 Prior Year **Current Year** 2,296,753 1,847,383 8 Contributions and grants (Part VIII, line 1h) Revenue 9 Program service revenue (Part VIII, line 2g) n 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 250,880 96,643 517,289 448,936 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,392,962 <u>3,064,922</u> 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,038,339 1,230,716 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) 711,048 846,388 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 16aProfessional fundraising fees (Part IX, column (A), line 11e) 259,249 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 785,088 748,623 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 498,010 2,862,192 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 566,912 -469,230 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 10,209,692 9,754,556 21 Total liabilities (Part X, line 26) 78,684 92,954 131,008 22 Net assets or fund balances Subtract line 21 from line 20 9,661,602 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 Signature of officer Date Sign Here Miki Farris Executive Director Type or print name and title Date Print/Type preparer's name Preparer's signature Check X if Paid 02/08/13 self-employed P00046085 Nancy K. Hyde

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Hyde & Company CPAs,

7100 N Classen Blvd Ste 200 Oklahoma City, OK 73116-7101

Preparer

Use Only

Fırm's name

Yes No Form **990** (2011)

73-1652477

405-842-0028

Firm's EIN

Phone no

| | | | <u>-1378766</u> | Page 2 |
|----------------|----------------------------|--|--------------------------------------|--------------|
| | | m Service Accomplishments | | |
| | | contains a response to any question in the | is Part III | X |
| | ribe the organization's mi | | agition for fomili | og sedeb |
| | | , clothing and other nece hildren in time of crisis | | es with |
| Intanta | and small C | uridien in time of crists | • | |
| | | | | |
| 2 Did the orga | anization undertake any s | ignificant program services during the year which v | vere not listed on the | |
| | 990 or 990-EZ? | | | Yes X No |
| If "Yes," des | scribe these new services | on Schedule O | | |
| 3 Did the orga | anization cease conductin | ig, or make significant changes in how it conducts, | any program | |
| services? | | | | 🗌 Yes 🗓 No |
| If "Yes," des | scribe these changes on \$ | Schedule O | | |
| 4 Describe the | e organization's program | service accomplishments for each of its three large | est program services, as measured by | • |
| expenses S | Section 501(c)(3) and 501 | (c)(4) organizations and section 4947(a)(1) trusts a | are required to report the amount of | |
| grants and | allocations to others, the | total expenses, and revenue, if any, for each progra | am service reported | |
| | | | | |
| 4a (Code |) (Expenses \$ | | 230,716) (Revenue \$ |) |
| | | and supplies assistance f | | |
| | a City area. | ICS helps families with | children through | age 4 during |
| crisis | situations. | | | |
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| | | | | |
| | | | | |
| 4b (Code |) (Expenses \$ | including grants of\$ |) (Revenue \$ |) |
| • | | | | |
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| | | | | |
| | | | | |
| 4c (Code |) (Expenses \$ | including grants of\$ |) (Revenue \$ | 1 |
| .0 (0000 |) (Exponded • | moleculary grante or the | , (| , |
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| | | | | |
| 4d Other progr | ram services (Describe in | | | |
| (Expenses | \$ | including grants of\$ |) (Revenue \$ | |
| 4e Total prog | ram service expenses | 2,470,869 | | |
| | | | | |

| | | | _ | | |
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

| Pa | art IV Checklist of Required Schedules | | | |
|-----|--|----------|-----|----------|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 1 | Х | l |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | 1 | | ł |
| | Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | 1 | | l |
| | "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | <u> </u> |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| _ | complete Schedule D. Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part | <u> </u> | | <u> </u> |
| • | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | ŀ |
| | complete Schedule D, Part IV | 9 | | x |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | <u> </u> | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | \vdash |
| • • | VII, VIII, IX, or X as applicable | | | 1 |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | İ |
| _ | complete Schedule D, Part VI | 11a | х | |
| ь | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more | | | 厂 |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | |
| _ | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | П |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | П |
| | Schedule D, Parts XI, XII, and XIII | 12a | x | 1 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | Ι |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | L | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | | | |
| | fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | x |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | | | |
| | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | Г |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | L _ | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | L | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | Π |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | The state of the s | 20a | | X |

20b

19? Note. All Form 990 filers are required to complete Schedule O

| <u>Forn</u> | 1990 (2011) Infant Crisis Services, Inc. 73-1378766 | | _ P | age 4 |
|-------------|---|--------------|--|--|
| <u> P</u> a | art IV Checklist of Required Schedules (continued) | | | |
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | , | |
| | in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | L | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States | Ì | | i |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | <u> </u> | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | 1. | ļ ' | 1 |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | . |
| L. | through 24d and complete Schedule K If "No," go to line 25 | 24a | | X |
| | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | - | |
| C | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | 240 | [| ĺ |
| _ | to defease any tax-exempt bonds? | 24c 24d | | - |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 240 | | - |
| 258 | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | 25a | | x |
| h | with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | 254 | | ^ |
| b | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | 100 | | |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | 1 | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | x |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | X | ſ |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | | | 1 |
| | conservation contributions? If "Yes," complete Schedule M | 30 | L | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | ļ | 1 | İ |
| | Part I | 31 | <u> </u> | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," | | | |
| | complete Schedule N, Part II | 32_ | ļ | X_ |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | 1 | l |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | 1 | | 1 |
| | IV, and V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | ļ | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | | Ţ |
| | meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 <u>b</u> | | X |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 30 | - | х |
| 27 | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | \vdash | +^ |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 1 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | - | х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and | " | | |
| 20 | Did the diganization complete deficable of and provide explanations in deficable of for rank vi, lines in and | | l | 1 |

| | 990 (2011) Inrant Crisis Services, Inc. /3-13/8 | 700 | · | | P | age 3 |
|----------|---|----------|------------------------|------------|--|----------------|
| Pa | rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part | ., | | | | \Box |
| | Check it Schedule O contains a response to any question in this Part | <u>v</u> | <u> </u> | | Yes | No |
| 1. | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 0 | | 163 | 140 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | 1 | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors ar | | | i | | |
| С | reportable gaming (gambling) winnings to prize winners? | u | | 1c | | |
| 22 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | t I | 1 | <u> </u> | | |
| 20 | Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 19 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax | | | 2b | х | 1 |
| ٠ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc | | J. | | <u> </u> | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | , | | 3a | | x |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or or | her au | ıthority | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other | | | | | |
| | account)? | | | 4a | | х |
| b | If "Yes," enter the name of the foreign country | | | | | |
| _ | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Final | icial A | ccounts | 1 | | |
| 5a | | | | 5a |] - ' | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra | | on? | 5b | | X |
| c | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| 6a | | id the | | | | |
| | organization solicit any contributions that were not tax deductible? | | | 6a | | Х |
| b | If "Yes," did the organization include with every solicitation an express statement that such contri | bution | s or | | | |
| | gifts were not tax deductible? | | | 6ь | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly | for go | oods | | | |
| | and services provided to the payor? | | | 7a | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | <u> </u> |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which | ıt was | l . | 1 | | |
| | required to file Form 8282? | | , | 7c | <u> </u> | L |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | L 25 | ٠, ١ ۽ | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit | efit cor | ntract? | 7e | <u> </u> | ļ |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of | contrac | ct? | 7f | ļ | ┞ |
| g | If the organization received a contribution of qualified intellectual property, did the organization fi | le For | m 8899 as required? | 7 <u>g</u> | <u> </u> | ļ |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the org | anızatı | on file a Form 1098-C? | 7h | ļ | ļ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) suppor | _ | | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsi | oring | | - | ٠. | ļ |
| | organization, have excess business holdings at any time during the year? | | | 8 | ļ | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | 1 |
| а | Did the organization make any taxable distributions under section 4966? | | | 9a | ↓ — | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | <u> </u> |
| 10 | Section 501(c)(7) organizations. Enter | ι. | ı | | | `` |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | 4 | 1 . | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | l | - | 1 | |
| 11 | Section 501(c)(12) organizations. Enter | 1 | ı | | | |
| а | Gross income from members or shareholders | 11a | | -{ | | 1 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | ١.,, | | | | |
| | against amounts due or received from them) | 11b | | ٠, | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of | | | 12a | | ╁┈─ |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | <u> </u> | - | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | 12- | +- | + |
| а | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | + | 1 |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | | | 1 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | 1 | 1 | 1 | 1 |
| | the organization is licensed to issue qualified health plans | 13b | | 1 | | |
| C | Enter the amount of reserves on hand | 13c | | 14a | | X |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | adula | 0 | 14b | + | ^ |
| <u> </u> | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sch | eaule | <u> </u> | | 99 | <u> </u> |

| Form | 990 (2011) Infant Crisis Services, Inc. 73-1378766 | | P | age 6 |
|------------|---|-------------|---------------------|--|
| | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b be | elow, | and | for a |
| | "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | in S | chec | lule |
| | O. See instructions Check if Schedule O contains a response to any question in this Part VI | | | X |
| <u>Sec</u> | tion A. Governing Body and Management | | | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | , |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | ļ |
| | committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | | | , |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | | | |
| | any other officer, director, trustee, or key employee? | 2 | | х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | | | |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X_ |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | | х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| - | stockholders, or persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the follow | | | |
| | The governing body? | 8a | x | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | x | \vdash |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | - | | \vdash |
| • | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | х |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue | ie Co | ode) | |
| <u> </u> | tion B. T oncies (This occitor B requests information about policies for required by the internal revent | 10 0 | Yes | |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | 100 | | - |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 110 | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| | | 110 | | - |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 120 | X. | 1 ` |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a 12b | $\frac{\lambda}{X}$ | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 120 | | - |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 40- | ₩ | |
| | describe in Schedule O how this was done | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | 13 | _ | - |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | X | ├─ |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | ا ء ا | v | 1 |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | ├── |
| b | Other officers or key employees of the organization | 15b | <u>x</u> _ | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | [] | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | |
| | with a taxable entity during the year? | 16a | | X |
| p | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | l |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | _ | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ OK | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website X Another's website X Upon request | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the | | | |
| | organization ▶ Jennifer Boren 4224 N Lincoln Blvd | | _ | |
| _0 | klahoma City OK 73105 405 | <u>- 52</u> | <u>8 - 3</u> | 663 |

| Form 990 (2011) | Infant | Crisis | Services, | Inc. |
|------------------|-----------|--------|-------------|---------------|
| 01111 330 (2011, | , | CTTGIB | Der Atces ' | T11C • |

73-1378766

⊃age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| Check this box if neither the org | • | | elate | d or | ganı | zatio | ns (| compensated any current | officer, director, or truste | e |
|---|--|-----------------------------------|-----------------------|-------|-----------------------------------|---|----------|---|--|--|
| (A) Name and Title | (B) Average hours per week (describe hours for related organizations | box | , unle cer ar | ss pe | ition more rson i irecto | than or s both r/truste employ | an e) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related |
| | in Schedule O) | Individual trustee or director | Institutional trustee | | ployee | Highest compensated employee | | | | organizations |
| (1) Kevin Crowley | 5 00 | | | | | | | | | 0 |
| President/Exec Comm (2) Katherine Buxto | 5.00 | Х | | X | | - | | 0 | 0 | 0 |
| President Elect | 4.00 | $ \mathbf{x} $ | | x | | | | 0 | o | 0 |
| (3) Linda Hildebran | | ^ | _ | Λ | | | | | | <u> </u> |
| Secretary | 3.00 | х | | х | | | | 0 | 0 | 0 |
| (4) Tamara Eck | | | | | | | | | | |
| Treasurer | 2.00 | x | | x | | | | 0 | 0 | 0_ |
| (5) Cindy Batt | | | | | | П | | | ···· | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (6) DiAnne Bryant | | | | | | | | | | |
| Director | 0.00 | X | L | | | | | 0 | 0 | 0 |
| (7) Susan Love | | | | | | ii | | | | |
| Director | 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) Cameron Dawson | | ١., | | | | | | _ | _ | o |
| Director (9) Cindy Fairchild | 0.00 | Х | | | <u> </u> | ┝╼┼ | | 0 | 0 | |
| Director | 0.00 | \mathbf{x} | | | | | | 0 | О | 0 |
| (10) Polly Fleet | 0.00 | ^ | — | Н | - | -1 | | <u> </u> | | |
| Director | 0.00 | x | | | | | | 0 | 0 | 0 |
| (11) Carolyn Ann Han | | - | | | | | | | | |
| Director | 0.00 | x | | | | | | 0 | 0 | 0 |
| (12) Sumeeta Nanda, | | | | | | | | | | |
| Director | 0.00 | x | | | | | | 0 | 0 | 0 |
| (13) Kathy Oden-Hall | | | | | | | | | | |
| Director | 0.00 | X | <u> </u> | | L_ | $\sqcup \downarrow$ | | 0 | 0 | 0 |
| (14)David Cottrell | | | | | | | | | _ | _ |
| Director | 0.00 | X_ | <u> </u> | | | | | 0 | 0 | - 990 |

0

Form **990** (2011)

Total number of independent contractors (including but not limited to those listed above) who

received more than \$100,000 of compensation from the organization

DAA

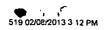
| Program Service Revenue and Other S | f | All other contributions, gifts, grants, and similar amounts not included above 1 f 1 | 786,770 | | | : | |
|-------------------------------------|-----|--|--------------|---|---|---|------------------------|
| E O | g | Noncash contributions included in lines 1a-1f \$ | 887,199 | | | | - |
| <u> </u> | h | Total. Add lines 1a-1f | • | 1,847,383 | | | |
| <u> </u> | | | Busn. Code | | | 1 | |
| e e | 2a | | | | | | |
| ا ب <u>د</u> | þ | | | | | | |
| -≅ | C | | | | | | |
| S | đ | | | | | | |
| ᇤ | е | | | | | | |
| <u>B</u> | f | All other program service revenue | | | | | |
| <u>-</u> | g | Total. Add lines 2a-2f | <u> </u> | | • | | , |
| | 3 | Investment income (including dividends, in | terest, | | | | |
| | | and other similar amounts) | ▶ | 96,643 | 98,739 | | -2,096 |
| | 4 | Income from investment of tax-exempt bon | d proceede | | | | |
| | 5 | Royalties | > | ······································ | | | |
| | | (ı) Real (ıı) | Personal | | | | |
| | 6a | Gross rents | | • | | | |
| - 1 | b | Less rental exps | | | | *, , \$ | , |
| | C | Rental inc or (loss | | | , | | |
| | d | Net rental income or (loss) | > | | | | |
| | /a | Gross amount from (i) Securities (sales of assets | ıı) Other | | | , | , . |
| | | other than inventory | | ٠. | | | * • • • • • |
| | þ | Less cost or other | | • • | | | • |
| | | basis & sales exps | | - | ٠. | : | |
| | | Gain or (loss) | | * | , | · · · | |
| 1 | | Net gain or (loss) | ▶. | | | <u>_</u> | ` |
| e | 8a | Gross income from fundraising events | | | | | |
| le l | | (not including \$ | | | | | i i |
| è | | of contributions reported on line 1c) | | | : | F . | |
| Other Revenue | | See Part IV, line 18 a | 567,698 | | | • . | |
| 됐 | | Less direct expenses b | 119,089 | | | | • |
| Ŭ | | Net income or (loss) from fundraising even | ts 🕨 | 448,609 | <u>:</u> | | |
| | 9a | Gross income from gaming activities. | | | , | • | 1,,,, |
| | | See Part IV, line 19 a | | | | | |
| | | Less direct expenses b | | | | : | |
| 1 | | Net income or (loss) from gaming activities | > | | | | |
| 1 | 10a | Gross sales of inventory, less | | | | | , |
| | | returns and allowances a | | | - | | • |
| | | Less cost of goods sold b | | | | | • |
| | С | Net income or (loss) from sales of inventor | <u> </u> | | | <u> </u> | |
| | | Miscellaneous Revenue | Busn Code | 205 | 205 | | |
| | 11a | Miscellaneous Income | | 327 | 327 | | |
| | b | | | | | · · · · · · · · · · · · · · · · · · · | |
| | C | A.H | | | | | |
| | | All other revenue | | 2 2 7 7 | | | |
| | | Total. Add lines 11a–11d | | 327 | 00 066 | . 0 | -2,096 |
| | 12 | Total revenue. See instructions | <u> </u> | 2,392,962 | 99,066 | | |
| | | | | | | | Form 990 (2011) |

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

| | Check if Schedule O contains a respons | e to any question in this Pa | art IX | | П |
|---------------------------|--|------------------------------|------------------------|-----------------------|------------------------|
| Do no | t include amounts reported on lines 6b | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 7b, 8b | o, 9b, and 10b of Part VIII. | Total Oxponsos | expenses | general expenses | expenses |
| | ants and other assistance to governments and ganizations in the U.S. See Part IV, line 21 | | | | |
| | rants and other assistance to individuals in e U.S. See Part IV, line 22 | 1,230,716 | 1,230,716 | | |
| 3 Gr | rants and other assistance to governments, | | | | |
| | ganizations, and individuals outside the S See Part IV, lines 15 and 16 | | | | |
| 4 Be | enefits paid to or for members | | | | |
| | ompensation of current officers, directors, listees, and key employees | 102,123 | 76,633 | 8,149 | 17,341 |
| 6 Co pe | ompensation not included above, to disqualified rsons (as defined under section 4958(f)(1)) and rsons described in section 4958(c)(3)(B) | | | | |
| - | ther salaries and wages | 606,137 | 454,845 | 48,370 | 102,922 |
| | ension plan accruals and contributions (include | 000/15/ | 131/015 | 10,370 | |
| | ction 401(k) and 403(b) employer contributions) | 15,408 | 11,530 | 1,192 | 2,686 |
| | ther employee benefits | 70,729 | 52,927 | 5,474 | 12,328 |
| | ayroll taxes | 51,991 | 39,022 | 4,150 | 8,819 |
| 11 Fe | ees for services (non-employees) | | | | |
| a Ma | anagement | | | | |
| b Le | egal | | | | |
| | counting | 46,440 | 29,400 | 17,040 | |
| | bbying | | | | |
| | ofessional fundraising services See Part IV, line 17 | | | · | |
| | vestment management fees | 17,565 | | 17,565 | |
| • | ther | 00 450 | 00 450 | | |
| | dvertising and promotion | 99,459 125,516 | 99,459 | 10,044 | 85,315 |
| | ffice expenses | 37,430 | 30,157 33,977 | 1,825 | 1,628 |
| | formation technology by alties | 37,430 | 33,31, | 1,025 | 1,020 |
| | ccupancy | 59,190 | 56,851 | 1,169 | 1,170 |
| | ravel | 9,540 | 8,942 | 272 | 326 |
| | ayments of travel or entertainment expenses | | | | |
| | r any federal, state, or local public officials | | | | |
| | onferences, conventions, and meetings | 21,112 | 10,190 | 2,665 | 8,257 |
| 20 In | terest | | | | |
| 21 Pa | ayments to affiliates | | | | |
| 22 De | epreciation, depletion, and amortization | 299,369 | 287,395 | 5,987 | 5,987 |
| | surance | 36,975 | 31,686 | 4,426 | 863 |
| | ther expenses Itemize expenses not covered | | | | |
| | ove (List miscellaneous expenses in line 24e If | | | | , |
| | e 24e amount exceeds 10% of line 25, column | | | | - • |
| |) amount, list line 24e expenses on Schedule O) | 17 007 | 0 633 | 2 250 | 6 006 |
| | Bad Debts Expense Appreciation/Awards | 17,887 9,817 | 8,633 4,738 | 2,258 1,239 | 6,996 3,840 |
| | Fundraising Events | 2,816 | 2,816 | 1,239 | 3,040 |
| | Background Checks | 1,948 | 940 | 246 | 762 |
| | I other expenses | 24 | 12 | 3 | 9 |
| | other expenses stal functional expenses. Add lines 1 through 24e | 2,862,192 | 2,470,869 | 132,074 | 259,249 |
| 26 Jo org fro fu | point costs. Complete this line only if the ganization reported in column (B) joint costs om a combined educational campaign and indraising solicitation. Check here Illowing SOP 98-2 (ASC 958-720) | | 2,230,000 | | |
| DAA | <u>M. 5.5.1. </u> | | | | Form 990 (2011) |

| Part > | Balance Sheet | | | |
|---|---|--------------------------|----------------|------------------------|
| | | (A) | | (B) |
| | | Beginning of year | | End of year |
| 1 | Cash—non-interest bearing | 1,069,760 | | 530,999 |
| 2 | Savings and temporary cash investments | 650,748 | | 770,947 |
| 3 | Pledges and grants receivable, net | 777,152 | ļ | 653,018 |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | employees, and highest compensated employees. Complete Part II of | | _ | |
| ١. | Schedule L | | 5 | |
| 6 | Receivables from other disqualified persons (as defined under section | | | |
| l | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | | | • |
| 7 0 | employees' beneficiary organizations (see instructions) | | 6 | |
| g 7 | Notes and loans receivable, net | 220 166 | 7 | 201 764 |
| 0 | Inventories for sale or use | 238,166 | | 301,764 |
| 9 | Prepaid expenses and deferred charges | 29,963 | 9 | 27,393 |
| 10a | Land, buildings, and equipment cost or | , | | |
| 1. | other basis Complete Part VI of Schedule D 10a 5,820,84 | | 40. | 4 700 300 |
| | Less accumulated depreciation 10b 1,021,53 | 2 5,072,518 2,284,351 | | 4,799,309 2,579,281 |
| 11 | Investments—publicly traded securities | 2,204,351 | 11 12 | 2,379,261 |
| 12 | Investments—other securities See Part IV, line 11 | 87,034 | | 86,529 |
| 13 | Investments—program-related. See Part IV, line 11 | 67,034 | 14 | 80,329 |
| 14 | Intangible assets Other assets See Part IV June 11 | | 15 | 5,316 |
| 15 | Other assets See Part IV, line 11 Tetal assets Add lines 1 through 15 (must asked line 34) | 10,209,692 | | 9,754,556 |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 54,431 | 17 | 61,548 |
| 17 18 | Accounts payable and accrued expenses | 34/431 | 18 | 01,540 |
| 19 | Grants payable Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability Complete Part IV of Schedule D | | 21 | |
| 1 | Payables to current and former officers, directors, trustees, key | | | • ; ; ; |
| 5 22 | employees, highest compensated employees, and disqualified persons | | | · |
| | Complete Part II of Schedule L | • | 22 | · · · |
|] 22 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities (including federal income tax, payables to related third | | | |
| 23 | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | of Schedule D | 24,253 | 25 | 31,406 |
| 26 | Total liabilities. Add lines 17 through 25 | 78,684 | + | 92,954 |
| | Organizations that follow SFAS 117, check here X and complete | | | |
| <u> </u> | lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | 7,276,413 | 27 | 6,931,355 |
| 28 | Temporarily restricted net assets | 1,653,267 | | 1,522,739 |
| 29 | Permanently restricted net assets | 1,201,328 | | 1,207,508 |
| 2 | Organizations that do not follow SFAS 117, check here and | _/ | | |
| 5 | complete lines 30 through 34. | | | |
| 3 30 | · | | 30 | |
| 31 | | | | |
| 32 | | | | |
| : 33 | - | 10,131,008 | | 9,661,602 |
| | | | | 9,754,556 |
| Net Assets or Fund Balances 22 23 33 34 | Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances | 10,131,008 10,209,692 | 31 32 33 | |



| | | 1) Infant Crisis Services, Inc. 73-1378766 | | | Pa | <u>ige 12</u> |
|----|-----------|--|-------|---------|-------------|---------------|
| Pa | rt XI | Reconciliation of Net Assets | | | | _ |
| | | Check if Schedule O contains a response to any question in this Part XI | | | | X_ |
| | T-4-1 | consist of the second Post VIII. and the second Post VIII. | 1 4 1 | | 302 | 962 |
| 1 | | renue (must equal Part VIII, column (A), line 12) | 1 | | | |
| 2 | | penses (must equal Part IX, column (A), line 25) | 2 | | | 192 |
| 3 | | e less expenses Subtract line 2 from line 1 | 3 | | | 230 |
| | | | | | | 008 |
| 5 | | anges in net assets or fund balances (explain in Schedule O) | 5 | | | <u>176</u> |
| 6 | | ets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | | | | |
| | column | | 6 | 9, | 561, | 602 |
| Pa | rt XII | Financial Statements and Reporting | | | | |
| | | Check if Schedule O contains a response to any question in this Part XII | | | | -لله |
| | | | | <u></u> | Yes | No |
| 1 | | ing method used to prepare the Form 990 📗 Cash 🔀 Accrual 🔛 Other | | | | , |
| | If the or | panization changed its method of accounting from a prior year or checked "Other," explain in | | | - 1 | - |
| | Schedu | | | . | | : |
| 2a | Were th | e organization's financial statements compiled or reviewed by an independent accountant? | | 2 | | <u> x</u> |
| b | Were th | e organization's financial statements audited by an independent accountant? | | 2 | <u>ь X</u> | |
| С | If "Yes" | to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | l l |
| | of the a | udit, review, or compilation of its financial statements and selection of an independent accountant? | | _2 | c X | |
| | If the or | ganization changed either its oversight process or selection process during the tax year, explain in | | | 1 | |
| | Schedu | e O | | | i | |
| d | If "Yes" | to line 2a or 2b, check a box below to indicate whether the financial statements for the year were | | | ŀ | |
| | issued (| n a separate basis, consolidated basis, or both | | | | |
| | X Sep | arate basis Consolidated basis Both consolidated and separate basis | | | | . - |
| 3a | As a res | ult of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Sing | le Audit Act and OMB Circular A-133? | | 3 | a | X |
| b | If "Yes," | did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | | audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | | b | |
| | | | | | -om 99 | 0 (2011) |