

Forms 990 / 990-EZ Return Summary

For calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

73-1039524

EMERGENCY INFANT SERVICES, INC

Net Asset / Fund Balance at Beginning of Year		<u>7,084,756</u>
Revenue		
Contributions	<u>7,129,097</u>	
Program service revenue		
Investment income	<u>9,962</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>48,372</u>	
Direct expenses	<u>309,883</u>	
Net income	<u>-261,511</u>	
Other income	<u>337</u>	
Total revenue		<u>6,877,885</u>
Expenses		
Program services	<u>2,665,318</u>	
Management and general	<u>242,806</u>	
Fundraising	<u>221,148</u>	
Total expenses		<u>3,129,272</u>
Excess / (deficit)		<u>3,748,613</u>
Changes		<u>-3,322,622</u>
Net Asset / Fund Balance at End of Year		<u>7,510,747</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>4,896,254</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>244,139</u>
Plus:	
Investment expenses	_____
Other	<u>2,225,770</u>
Total revenue per return	<u>6,877,885</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>1,725,083</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>244,139</u>
Plus:	
Investment expenses	_____
Other	<u>1,648,328</u>
Total expenses per return	<u>3,129,272</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>9,465,798</u>	<u>7,939,966</u>	
Liabilities	<u>2,381,042</u>	<u>429,219</u>	
Net assets	<u>7,084,756</u>	<u>7,510,747</u>	<u>425,991</u>

Miscellaneous Information

Amended return _____
 Return / extended due date 05/15/20
 Failure to file penalty _____

Filing Instructions

Emergency Infant Services, Inc

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended June 30, 2019

Federal Filing Instructions

Your Form 990 for the year ended 6/30/19 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-EO, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

CCK Strategies, PLLC
8811 S Yale Ave Ste 400
Tulsa, OK 74137

***Important:* Your return will not be filed with the IRS until the signed Form 8879-EO has been received by this office.**

Oklahoma Filing Instructions

Your Form 512E for the year ended 6/30/19 shows no balance due. The return should be signed and dated on Page 1 by an officer representing the organization. Mail the return by May 15, 2020 to:

Oklahoma Tax Commission
P.O. Box 26800
Oklahoma City, OK 73126-0800

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 7/01, 2018, and ending 6/30, 20 19

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

EMERGENCY INFANT SERVICES, INC

Employer identification number

73-1039524

Name and title of officer

BILL ANDOE
EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>6,877,885</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CCK STRATEGIES, PLLC to enter my PIN 39524 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature }

Date } 07/06/20

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

73311728194
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature }

Date } 07/06/20

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury
Internal Revenue Service

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

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18, and ending 06/30/19

B Check if applicable: <input checked="" 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 EMERGENCY INFANT SERVICES, INC Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1110 S. DENVER AVE. City or town, state or province, country, and ZIP or foreign postal code TULSA OK 74119	D Employer identification number 73-1039524 E Telephone number 918-582-2469 G Gross receipts \$ 7,187,768
F Name and address of principal officer: BILL ANDOE 1110 S. DENVER AVE. TULSA OK 74119		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) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.EISTULSA.ORG		L Year of formation: 1982 M State of legal domicile: OK
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:	WE PROVIDED ASSISTANCE TO 17,969 CHILDREN AND FAMILIES IN EMERGENCY SITUATIONS WITH FOOD, FORMULA, CLOTHING, AND CAR SEATS IN FISCAL YEAR 2018/2019.	
	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	25
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	22
	6 Total number of volunteers (estimate if necessary)	6	255
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,500,147	7,129,097
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,974	9,962
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-287,721	-261,174
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,221,400	6,877,885
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,424,098	2,007,070
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	720,057	750,852
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 221,148		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	393,277	371,350
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,537,432	3,129,272	
19 Revenue less expenses. Subtract line 18 from line 12	1,683,968	3,748,613	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,465,798	7,939,966
	22 Net assets or fund balances. Subtract line 21 from line 20	2,381,042	429,219
		7,084,756	7,510,747

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 BILL ANDOE Type or print name and title	Date EXECUTIVE DIRECTOR
	Print/Type preparer's name JEFFREY A. FRABLE, CPA	Preparer's signature Date 07/06/20
Paid Preparer Use Only	Firm's name } CCK STRATEGIES, PLLC 8811 S YALE AVE STE 400 Firm's address } TULSA, OK 74137	Firm's EIN } 73-1528194 Phone no. 918-491-4036

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

EIS IMMEDIATELY PROVIDES INFANT FORMULA, FOOD, DIAPERS, CLOTHING, PACK N PLAYS, AND CAR SEATS TO 17,969 CHILDREN ANNUALLY AGE FIVE AND UNDER WHOSE FAMILIES ARE IN FINANCIAL CRISIS-ALL AT NO COST TO THE FAMILY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,665,318 including grants of \$ 2,007,070) (Revenue \$)

EIS MEETS THE BASIC NEEDS OF INFANTS AND CHILDREN THROUGH FIVE YEARS OF AGE WHOSE FAMILIES ARE IN CRISIS. WE PROVIDE BASIC ITEMS IMMEDIATELY, AT NO COST TO THE FAMILY AND WITHOUT INCOME QUALIFIERS. EIS ASSISTS FAMILIES AT 3 LOCATIONS: DOWNTOWN, EASTSIDE AND SOUTH TULSA. LAST YEAR, EIS SERVED 17,969 CHILDREN AND 10,129 FAMILIES PROVIDING 267,850 BOTTLES OF FORMULA, 666,720 DIAPERS, 237,798 POUNDS OF FOOD, 11,645 GALLONS OF MILK, 47,181 OUTFITS OF CLOTHING, AND 1,535 FURNITURE ITEMS CONSISTING OF A CRIB OR CAR SEAT. EIS RECEIVED \$1,648,328 IN-KIND GOODS AND \$597,675 OF IN-KIND VOLUNTEER HOURS LAST YEAR.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses u 2,665,318

Part 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		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		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, Part III		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 "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	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		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior 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		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
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		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):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section 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 committee, explain in Schedule O.		
1b	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?		X
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
16b	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 organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u** OK
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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 Another's website Upon request Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records **u**

EMERGENCY INFANT SERVICES 1110 S. DENVER AVE. OK 74119 918-582-2469
 TULSA

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

Check if Schedule O contains a response or note to any line 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 organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JASON ANDREWS PRESIDENT	4.00 0.00	X						0	0	0
(2) ROBERT HAIGHT TREASURER	2.00 0.00	X						0	0	0
(3) RYAN BOLIN BOARD MEMBER	1.00 0.00	X						0	0	0
(4) ALISSA HURLEY BOARD MEMBER	1.00 0.00	X						0	0	0
(5) RANAN GANGEL SECRETARY	2.00 0.00	X						0	0	0
(6) MEGAN BECK BOARD MEMBER	1.00 0.00	X						0	0	0
(7) TRENT BRIDGES BOARD MEMBER	1.00 0.00	X						0	0	0
(8) JEFF BROOKS BOARD MEMBER	1.00 0.00	X						0	0	0
(9) WHITNEY ESLICKER BOARD MEMBER	1.00 0.00	X						0	0	0
(10) JOHN GAMMIE BOARD MEMBER	1.00 0.00	X						0	0	0
(11) JONATHAN HALL BOARD MEMBER	1.00 0.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) DANA HAYNIE	1.00									
BOARD MEMBER	0.00	X						0	0	
(13) STEPHEN HETRICK	1.00									
BOARD MEMBER	0.00	X						0	0	
(14) KATHY HINKLE	2.00									
VICE PRESIDENT	0.00	X						0	0	
(15) MICHAEL HOLT	1.00									
BOARD MEMBER	0.00	X						0	0	
(16) PETER KIMANI	1.00									
BOARD MEMBER	0.00	X						0	0	
(17) BRETT MYERS	1.00									
BOARD MEMBER	0.00	X						0	0	
(18) SPENCER PEAHEY	1.00									
BOARD MEMBER	0.00	X						0	0	
(19) JULIE RETHMEYER	1.00									
BOARD MEMBER	0.00	X						0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								99,913		
d Total (add lines 1b and 1c)								99,913		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u** 0

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
RICK SCOTT CONSTRUCTION, INC. TULSA OK 74116	14990 E. PINE CONSTRUCTION	926,721

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u** 1

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	705,646			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,423,451			
	g Noncash contributions included in lines 1a-1f: \$		1,648,328			
	h Total. Add lines 1a-1f	u	7,129,097			
	Program Service Revenue	2a	Busn. Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	9,962			9,962
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real (ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis & sales exps.					
	c Gain or (loss)					
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ 705,646 of contributions reported on line 1c). See Part IV, line 18	a	48,372			
	b Less: direct expenses	b	309,883			
	c Net income or (loss) from fundraising events	u	-261,511			
	9a Gross income from gaming activities. See Part IV, line 19	a				
b Less: direct expenses	b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code				
11a CASH BACK/COMMERCE			337	337		
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u		337			
12 Total revenue. See instructions.	u		6,877,885	337	0	9,962

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,007,070	2,007,070		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	99,913	41,817	24,793	33,303
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	516,026	336,829	18,050	161,147
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,957	13,957		
9 Other employee benefits	72,759	9,069	63,690	
10 Payroll taxes	48,197	28,365	4,957	14,875
11 Fees for services (non-employees):				
a Management				
b Legal	4,643		4,643	
c Accounting	17,003		17,003	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	74,800	15,919	47,058	11,823
14 Information technology				
15 Royalties				
16 Occupancy	113,714	99,455	14,259	
17 Travel	9,848	7,244	2,604	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	51,959	51,959		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,474	27,579	6,895	
23 Insurance	19,322	19,322		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a TECHNOLOGY	11,579		11,579	
b VOLUNTEER RECOGNITION	8,623		8,623	
c TELEPHONE	6,318	6,318		
d WAREHOUSE	5,495		5,495	
e All other expenses	13,572	415	13,157	
25 Total functional expenses. Add lines 1 through 24e	3,129,272	2,665,318	242,806	221,148
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	2,246,079	1	1,407,752
	2 Savings and temporary cash investments	371,251	2	150,232
	3 Pledges and grants receivable, net	3,737,377	3	1,918,810
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	43,450	9	50,598
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,550,519		
	b Less: accumulated depreciation	10b 444,006	10c	4,106,513
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	286,658	12	303,900
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,161	15	2,161
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,465,798	16	7,939,966	
Liabilities	17 Accounts payable and accrued expenses	49,756	17	290,250
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 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 parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,331,286	25	138,969
	26 Total liabilities. Add lines 17 through 25	2,381,042	26	429,219
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,003,387	27	4,174,554
	28 Temporarily restricted net assets	6,081,369	28	3,336,193
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	7,084,756	33	7,510,747	
34 Total liabilities and net assets/fund balances	9,465,798	34	7,939,966	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,877,885
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,129,272
3	Revenue less expenses. Subtract line 2 from line 1	3	3,748,613
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,084,756
5	Net unrealized gains (losses) on investments	5	17,242
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-3,339,864
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,510,747

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) HOPE TOLIVER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(21) MIKE VEGHER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(22) MEG WEBB	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(23) BECKY KEESLING	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(24) KOLETTE SAWYER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(25) STACY SMITH	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(26) BILL ANDOE	40.00									
EXECUTIVE DIRECTOR	0.00			X			99,913	0	0	
1b Sub-total							99,913			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u**

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2018

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

EMERGENCY INFANT SERVICES, INC

Employer identification number

73-1039524

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,149,223	2,453,469	7,338,257	4,500,147	7,129,097	23,570,193
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,149,223	2,453,469	7,338,257	4,500,147	7,129,097	23,570,193
5 The portion of total contributions by 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)						5,982,035
6 Public support. Subtract line 5 from line 4						17,588,158

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2,149,223	2,453,469	7,338,257	4,500,147	7,129,097	23,570,193
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,791	1,701	6,604	8,974	9,962	37,032
9 Net income from unrelated business 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.)						
11 Total support. Add lines 7 through 10						23,607,225

12 Gross receipts from related activities, etc. (see instructions) 12 113,839

13 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) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 74.50%

15 Public support percentage from 2017 Schedule A, Part II, line 14 15 78.31%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. 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 organization

b 10%-facts-and-circumstances test—2017. 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 supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 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) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage for 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c 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)? <i>If "Yes," explain in Part VI 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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
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 supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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			
b	A family member of a person described in (a) above?		
11b			
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11c			

Section B. Type I Supporting Organizations

		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? <i>If "No," describe in Part VI 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.</i>		
1			
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 VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2			

Section C. Type II 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 or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1			

Section 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3			

Section 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 instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c	<input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2	Activities Test. <i>Answer (a) and (b) below.</i>		
a	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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
2a			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b			
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a	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? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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	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-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule B
 (Form 990, 990-EZ,
 or 990-PF)
 Department of the Treasury
 Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2018

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization <u>EMERGENCY INFANT SERVICES, INC</u>	Employer identification number <u>73-1039524</u>
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Organization type (check one):

- | | | |
|--------------------|---|--|
| Filers of: | Section: | |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | <input type="checkbox"/> 527 political organization | |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation | |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation | |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33^{1/3}% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

EMERGENCY INFANT SERVICES, INC

Employer identification number

73-1039524

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHARLES & LYNN SCHUSTERMAN FAM FNDTN 110 WEST 7TH STREET, SUITE 200 TULSA OK 74119	\$ 310,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ANONYMOUS 1110 S. DENVER AVE. TULSA OK 74119	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	ANONYMOUS 1110 S. DENVER AVE. TULSA OK 74119	\$ 173,309	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	ANNE AND HENRY ZARROW FOUNDATION 401 S BOSTON AVE., SUITE 900 TULSA OK 74103	\$ 560,435	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	COMMUNITY FOOD BANK OF EASTERN OK 1304 N KENOSHA AVE TULSA OK 74106	\$ 299,335	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	ANONYMOUS 1110 S. DENVER AVE. TULSA OK 74119	\$ 246,230	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EMERGENCY INFANT SERVICES, INC	Employer identification number 73-1039524
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	A.R. AND MARYLOUISE TANDY FOUNDATION P.O. BOX 3627 TULSA OK 74101	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	HARDESTY FAMILY FOUNDATION 4141 N. MEMORIAL DRIVE TULSA OK 74115	\$ 250,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	HERMAN KAISER FOUNDATION 1350 SOUTH BOULDER AVE, SUITE 400 TULSA OK 74119	\$ 333,334	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	RUTH NELSON FOUNDATION 1350 SOUTH BOULDER, SUITE 400 TULSA OK 74119	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	J.E. AND L.E. MABEE FOUNDATION 401 S. BOSTON AVE., SUITE 3001 TULSA OK 74103	\$ 600,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization EMERGENCY INFANT SERVICES, INC	Employer identification number 73-1039524
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD, DIAPERS, BOTTLES, ETC.	\$ 173,309	
5	FOOD	\$ 299,335	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

EMERGENCY INFANT SERVICES, INC

Employer identification number

73-1039524

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement and grant fund usage.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of conservation easements, total number of easements, acreage restricted, and questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting works of art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	485,766	450,904	417,480	430,890	442,933
b Contributions					
c Net investment earnings, gains, and losses	30,535	36,255	34,669	9,745	13,105
d Grants or scholarships					
e Other expenditures for facilities and programs				21,940	21,818
f Administrative expenses	1,382	1,392	1,245	1,215	3,390
g End of year balance	514,919	485,766	450,904	417,480	430,890

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Temporarily restricted endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | X | |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		872,000		872,000
b Buildings		3,300,146	163,075	3,137,071
c Leasehold improvements		183,723	111,454	72,269
d Equipment		194,650	169,477	25,173
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	4,106,513

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) u		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED KALEIDOSCOPE BALL	41,500
(3) PTO ACCRUAL	39,651
(4) BONUS ACCRUAL	34,374
(5) ACCRUED SALARY PAYABLE	23,444
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	138,969

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,896,254
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	244,139
e	Add lines 2a through 2d	2e	244,139
3	Subtract line 2e from line 1	3	4,652,115
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,225,770
c	Add lines 4a and 4b	4c	2,225,770
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,877,885

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,725,083
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	244,139
e	Add lines 2a through 2d	2e	244,139
3	Subtract line 2e from line 1	3	1,480,944
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	1,648,328
c	Add lines 4a and 4b	4c	1,648,328
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	3,129,272

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
FUNDRAISING EXPENSES		\$ 244,139
PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER		
IN-KIND DONATIONS		\$ 1,648,328
CAPITAL CAMPAIGN CONTRIBUTIONS		\$ 577,442
PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER		
FUNDRAISING EXPENSES		\$ 244,139
PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER		
IN-KIND DONATIONS		\$ 1,648,328

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

⚡ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

EMERGENCY INFANT SERVICES, INC

Employer identification number

73-1039524

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>KALEIDOSCOPE BA</u> (event type)	<u>BABY ROCK CNCRT</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	670,538	43,972	39,508	754,018
	2	Less: Contributions	666,138		39,508	705,646
	3	Gross income (line 1 minus line 2)	4,400	43,972		48,372
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	294,824	4,524	10,535	309,883
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-261,511

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue			
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

EMERGENCY INFANT SERVICES, INC

Employer identification number

73-1039524

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2018)

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

**Open To Public
Inspection**

u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

EMERGENCY INFANT SERVICES, INC

Employer identification number

73-1039524

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,168,684	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other u ()	X	3	479,644	
26 Other u ()				
27 Other u ()				
28 Other u ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization

EMERGENCY INFANT SERVICES, INC

Employer identification number

73-1039524

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FINANCE BOARD REVIEWS FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE EXECUTIVE BOARD MONITORS COMPLIANCE WITH THE CONFLICTS OF INTEREST
POLICY ON AN ANNUAL BASIS.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
REVIEWED BY COMPENSATION COMMITTEE AND EXECUTIVE BOARD OF DIRECTORS AND
THEN APPROVED BY EXECUTIVE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE EXECUTIVE BOARD EVALUATES STAFF COMPENSATION ON AN AS NEEDED BASIS FROM
THE RECOMMENDATION OF THE EXECUTIVE DIRECTOR AND SERVES AS THE PERSONNEL
COMMITTEE. THE EXECUTIVE BOARD SETS ANNUAL GOALS FOR THE EXECUTIVE DIRECTOR
AND APPROVES HIS COMPENSATION ANNUALLY.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATION PROVIDES THE GOVERNING DOCUMENTS OF OUR CURRENT AUDIT AND
TAX RETURN AND IS IN THE PROCESS OF UPDATING OUR POLICY DISCLOSURE IN OUR
WEBSITE: WWW.EISTULSA.ORG

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

TEMPORARILY RESTRICTED NET ASSETS	\$ 85,400
NET ASSETS RELEASED FROM RESTRICTION	\$ -3,425,264

Name of the organization

Employer identification number

EMERGENCY INFANT SERVICES, INC

73-1039524

TOTAL

\$ -3,339,864

73-1039524

Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
1	Furniture	4/05/04	6,000			6,000	5 MO S/L	6,000	0
2	Computers	5/30/05	1,826			1,826	5 MO S/L	1,826	0
3	Scales	1/01/06	2,388			2,388	5 MO S/L	2,388	0
4	Copier	1/01/06	1,138			1,138	5 MO S/L	1,138	0
5	Computers	1/01/06	12,949			12,949	5 MO S/L	12,949	0
6	Software	1/01/07	2,873			2,873	5 MO S/L	2,873	0
7	Telephone System	10/31/07	4,586			4,586	7 MO S/L	4,586	0
8	Computer Software	5/01/08	4,468			4,468	5 MO S/L	4,468	0
9	Office Furniture	12/31/07	8,299			8,299	7 MO S/L	8,299	0
10	Building	8/31/07	378,000			378,000	39 MO S/L	153,382	9,693
11	Building Improvements	10/31/07	32,875			32,875	15 MO S/L	23,014	2,192
12	Fire Alarms	4/01/09	4,427			4,427	7 MO S/L	4,427	0
13	Computers	4/01/09	2,700			2,700	5 MO S/L	2,700	0
14	Building Improvements	4/01/09	5,745			5,745	15 MO S/L	3,495	383
15	Office Equipment	2/01/10	1,799			1,799	7 MO S/L	1,799	0
16	Laptop	7/21/09	391			391	5 MO S/L	391	0
17	Database	1/07/10	14,400			14,400	5 MO S/L	14,400	0
18	Retaining Wall	11/30/09	88,484			88,484	15 MO S/L	50,141	5,899
19	New Van	5/05/11	33,950			33,950	5 MO S/L	33,950	0
20	Freezer	7/29/10	543			543	7 MO S/L	543	0
21	6 New Computers	12/01/10	2,719			2,719	7 MO S/L	2,719	0
22	Office Remodel	1/31/11	14,500			14,500	15 MO S/L	7,130	967
23	Phone System	3/01/12	6,634			6,634	7 MO S/L	6,160	474
24	Equipment	7/11/11	2,730			2,730	7 MO S/L	2,535	195
25	Refrigerator	5/28/12	6,628			6,628	7 MO S/L	6,154	474
26	Computers	1/01/12	5,458			5,458	5 MO S/L	5,458	0
28	New Furnace	3/25/13	6,781			6,781	15 MO S/L	2,373	452
29	Signs Eastside	2/04/13	2,423			2,423	15 MO S/L	875	161
30	Amax Signs - Eastside split w/Pa	2/20/13	488			488	15 MO S/L	173	33
31	Eastside/Car	12/03/12	1,510			1,510	5 MO S/L	1,510	0
32	Eastside Ref	12/10/12	1,300			1,300	5 MO S/L	1,300	0
33	Dana Consulting - mod report	4/03/13	150			150	5 MO S/L	150	0
34	Dana Consulting - mod website	4/03/13	1,200			1,200	5 MO S/L	1,200	0
35	Servers/Eastside	11/26/12	3,678			3,678	5 MO S/L	3,678	0
36	Donor Perfect Software Database	1/28/13	2,621			2,621	5 MO S/L	2,621	0
37	Boutique	9/03/13	11,000			11,000	15 MO S/L	3,544	734
38	Parking Lot Resurface	11/09/13	10,000			10,000	15 MO S/L	3,111	667
39	4 Ton Rooftop A/C unit	5/30/14	6,444			6,444	15 MO S/L	1,754	430
40	Eastside - Internal Wall	5/12/14	675			675	15 MO S/L	188	45
41	WB Cox Floor Scale	8/08/13	500			500	5 MO S/L	492	8
42	Donor Perfect Software	8/21/13	2,621			2,621	5 MO S/L	2,534	87
43	Dell Computer-Technet	9/11/13	253			253	5 MO S/L	245	8
44	Dell Computer-Technet	9/11/13	253			253	5 MO S/L	245	8
45	Dell Computer-Technet	9/11/13	253			253	5 MO S/L	245	8
46	Dell Computer-Technet	9/11/13	253			253	5 MO S/L	245	8
47	Dell Computer-Technet	9/11/13	253			253	5 MO S/L	245	8
48	Dell Computer-Technet	9/11/13	253			253	5 MO S/L	245	8
49	Dell Computer-Technet	9/11/13	253			253	5 MO S/L	245	8
50	Dell Computer-Technet	9/11/13	253			253	5 MO S/L	245	8
51	Resurfaced portion of parking lot	10/06/14	750			750	15 MO S/L	188	50
52	Toilet Replacement	10/27/14	776			776	15 MO S/L	190	51
54	Software-Dana Consulting	10/28/14	1,320			1,320	5 MO S/L	968	264
55	IT computer	4/20/15	1,409			1,409	5 MO S/L	892	282
56	Parking lot- asphalt repair	7/31/15	2,283			2,283	15 MO S/L	444	152
57	EIS Website Update	6/30/16	7,491			7,491	5 MO S/L	2,996	1,498
58	3 new computers	10/19/15	2,775			2,775	5 MO S/L	1,480	555
59	New software - Peachtree	11/16/15	1,149			1,149	5 MO S/L	594	229
60	Scanner program changes - H. Grant	2/17/16	3,053			3,053	5 MO S/L	1,425	611
61	New visa machine & Kyocera copier	10/05/15	7,455			7,455	5 MO S/L	4,101	1,491
62	Building Librarium	12/31/15	6,000			6,000	15 MO S/L	804	400
63	Cloud Deployment Client Database	3/01/17	3,080			3,080	5 MO S/L	821	616
64	Building Librarium - Building	9/16/16	1,499,719			1,499,719	0 -- Memo	0	0
65	Building Librarium - Land	9/16/16	706,720			706,720	0 -- Land	0	0
66	EIS Website Final Payment	10/27/16	7,491			7,491	5 MO S/L	2,497	1,498
67	Freezer	7/18/16	560			560	5 MO S/L	215	112
68	Dryer	1/23/17	590			590	5 MO S/L	167	118
69	Inspection for Asbestos	8/02/16	2,800			2,800	15 MO S/L	358	186
70	Asbestos Survey	8/12/16	1,400			1,400	15 MO S/L	179	93

73-1039524

Federal Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
71	MEP Assessment	8/15/16	800			800	15 MO S/L	102	54
72	Topographic Survey	4/20/17	2,800			2,800	15 MO S/L	218	186
73	Develop Parent Child Details Report	6/27/17	825			825	5 MO S/L	165	165
74	Security Cameras	3/19/18	938			938	5 MO S/L	47	187
75	Toilet	5/16/18	702			702	5 MO S/L	12	140
76	Security System	6/29/18	3,525			3,525	5 MO S/L	0	705
77	3 Computers	11/06/17	1,552			1,552	5 MO S/L	207	310
78	Computer	4/02/18	561			561	5 MO S/L	28	112
79	Sage Software	4/09/18	882			882	5 MO S/L	44	177
80	Roof Repair	4/23/18	500			500	15 MO S/L	6	33
81	501 TechNet Computers	6/20/18	3,324			3,324	5 MO S/L	0	665
82	Construction in Progress	7/01/17	43,200			43,200	0 -- Memo	0	0
83	Telegen Solutions - Rack & Cable Installati	7/16/18	2,830			2,830	5 MO S/L	0	519
84	CIP - Application and Drawings Permit	8/03/18	2,300			2,300	0 -- Memo	0	0
85	CIP - Move Shelving	8/16/18	1,350			1,350	0 -- Memo	0	0
86	CIP - Event Design Fee	8/22/18	7,700			7,700	0 -- Memo	0	0
87	CIP - Progress Billing on Design Fee	9/25/18	7,700			7,700	0 -- Memo	0	0
88	CIP - Architect Fees for Design	10/31/18	4,040			4,040	0 -- Memo	0	0
89	CIP - 1st Payment per Construction Contrac	1/23/19	77,005			77,005	0 -- Memo	0	0
90	CIP - Payment for Design Fee	1/23/19	50,952			50,952	0 -- Memo	0	0
92	CIP - Furniture Inventory Selection & Bid	2/15/19	1,838			1,838	0 -- Memo	0	0
93	CIP - 2nd Payment due Construction	2/25/19	148,602			148,602	0 -- Memo	0	0
94	CIP - Owner's Representative Consultant	2/26/19	9,990			9,990	0 -- Memo	0	0
95	CIP - 3rd Payment on Construction	3/12/19	170,531			170,531	0 -- Memo	0	0
96	CIP - Construction Administration	3/12/19	5,628			5,628	0 -- Memo	0	0
97	CIP - 3rd Payment of Stonebridge Fees	4/11/19	9,990			9,990	0 -- Memo	0	0
98	CIP - 5th Construction Payment	5/13/19	235,992			235,992	0 -- Memo	0	0
99	CIP - 4th Stonebridge Payment	5/13/19	9,990			9,990	0 -- Memo	0	0
100	CIP - Design Fees	6/26/19	8,441			8,441	0 -- Memo	0	0
101	CIP - Furniture Inventory	6/26/19	1,838			1,838	0 -- Memo	0	0
102	CIP - Stonebridge Construction Fee	6/26/19	9,990			9,990	0 -- Memo	0	0
103	CIP - 6th Construction Fee	6/26/19	143,807			143,807	0 -- Memo	0	0
104	CIP - Accrue Retainage	6/30/19	102,968			102,968	0 -- Memo	0	0
105	CIP - 4th Construction Pay Application	4/11/19	150,784			150,784	0 -- Memo	0	0
106	CIP - Stonebridge 3rd Payment Fees	4/11/19	9,990			9,990	0 -- Memo	0	0
107	Building Librarium - Land	8/31/07	172,000			172,000	39 -- Land	0	0
108	Camera	1/28/19	630			630	5 MO S/L	0	52
109	Building Deposits	7/01/18	2,161			2,161	0 -- Memo	0	0
	Total Other Depreciation		<u>4,365,402</u>			<u>4,365,402</u>		<u>409,536</u>	<u>34,469</u>
	Total ACRS and Other Depreciation		<u>4,365,402</u>			<u>4,365,402</u>		<u>409,536</u>	<u>34,469</u>
	Grand Totals		4,365,402			4,365,402		409,536	34,469
	Less: Dispositions and Transfers		0			0		0	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>4,365,402</u>			<u>4,365,402</u>		<u>409,536</u>	<u>34,469</u>

73-1039524

AMT Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Other Depreciation:												
1	Furniture	4/05/04	0					0	0	HY	0	0
2	Computers	5/30/05	0					0	0	HY	0	0
3	Scales	1/01/06	0					0	0	HY	0	0
4	Copier	1/01/06	0					0	0	HY	0	0
5	Computers	1/01/06	0					0	0	HY	0	0
6	Software	1/01/07	0					0	0	HY	0	0
7	Telephone System	10/31/07	0					0	0	HY	0	0
8	Computer Software	5/01/08	0					0	0	HY	0	0
9	Office Furniture	12/31/07	0					0	0	HY	0	0
10	Building	8/31/07	0					0	0	HY	0	0
11	Building Improvements	10/31/07	0					0	0	HY	0	0
12	Fire Alarms	4/01/09	0					0	0	HY	0	0
13	Computers	4/01/09	0					0	0	HY	0	0
14	Building Improvements	4/01/09	0					0	0	HY	0	0
15	Office Equipment	2/01/10	0					0	0	HY	0	0
16	Laptop	7/21/09	0					0	0	HY	0	0
17	Database	1/07/10	0					0	0	HY	0	0
18	Retaining Wall	11/30/09	0					0	0	HY	0	0
19	New Van	5/05/11	0					0	0	HY	0	0
20	Freezer	7/29/10	0					0	0	HY	0	0
21	6 New Computers	12/01/10	0					0	0	HY	0	0
22	Office Remodel	1/31/11	0					0	0	HY	0	0
23	Phone System	3/01/12	0					0	0	HY	0	0
24	Equipment	7/11/11	0					0	0	HY	0	0
25	Refrigerator	5/28/12	0					0	0	HY	0	0
26	Computers	1/01/12	0					0	0	HY	0	0
28	New Furnace	3/25/13	0					0	0	HY	0	0
29	Signs Eastside	2/04/13	0					0	0	HY	0	0
30	Amx Signs - Eastside split w/Pa	2/20/13	0					0	0	HY	0	0
31	Eastside/Car	12/03/12	0					0	0	HY	0	0
32	Eastside Ref	12/10/12	0					0	0	HY	0	0
33	Dana Consulting - mod report	4/03/13	0					0	0	HY	0	0
34	Dana Consulting - mod website	4/03/13	0					0	0	HY	0	0
35	Servers/Eastside	11/26/12	0					0	0	HY	0	0
36	Donor Perfect Software Database	1/28/13	0					0	0	HY	0	0
37	Boutique	9/03/13	0					0	0	HY	0	0
38	Parking Lot Resurface	11/09/13	0					0	0	HY	0	0
39	4 Ton Rooftop A/C unit	5/30/14	0					0	0	HY	0	0
40	Eastside - Internal Wall	5/12/14	0					0	0	HY	0	0
41	WB Cox Floor Scale	8/08/13	0					0	0	HY	0	0
42	Donor Perfect Software	8/21/13	0					0	0	HY	0	0
43	Dell Computer-Technet	9/11/13	0					0	0	HY	0	0
44	Dell Computer-Technet	9/11/13	0					0	0	HY	0	0
45	Dell Computer-Technet	9/11/13	0					0	0	HY	0	0
46	Dell Computer-Technet	9/11/13	0					0	0	HY	0	0
47	Dell Computer-Technet	9/11/13	0					0	0	HY	0	0
48	Dell Computer-Technet	9/11/13	0					0	0	HY	0	0
49	Dell Computer-Technet	9/11/13	0					0	0	HY	0	0
50	Dell Computer-Technet	9/11/13	0					0	0	HY	0	0
51	Resurfaced portion of parking lot	10/06/14	0					0	0	HY	0	0
52	Toilet Replacement	10/27/14	0					0	0	HY	0	0
54	Software-Dana Consulting	10/28/14	0					0	0	HY	0	0
55	IT computer	4/20/15	0					0	0	HY	0	0
56	Parking lot- asphalt repair	7/31/15	0					0	0	HY	0	0
57	EIS Website Update	6/30/16	0					0	0	HY	0	0
58	3 new computers	10/19/15	0					0	0	HY	0	0
59	New software - Peachtree	11/16/15	0					0	0	HY	0	0
60	Scanner program changes - H. Grant	2/17/16	0					0	0	HY	0	0
61	New visa nachine & Kyocera copier	10/05/15	0					0	0	HY	0	0
62	Building Librarium	12/31/15	0					0	0	HY	0	0
63	Cloud Deployment Client Database	3/01/17	0					0	0	HY	0	0
64	Building Librarium - Building	9/16/16	0					0	0	HY	0	0
65	Building Librarium - Land	9/16/16	0					0	0	HY	0	0
66	EIS Website Final Payment	10/27/16	0					0	0	HY	0	0
67	Freezer	7/18/16	0					0	0	HY	0	0
68	Dryer	1/23/17	0					0	0	HY	0	0
69	Inspection for Asbestos	8/02/16	0					0	0	HY	0	0
70	Asbestos Survey	8/12/16	0					0	0	HY	0	0

73-1039524

AMT Asset Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
71	MEP Assessment	8/15/16	0			0	0 HY	0	0
72	Topographic Survey	4/20/17	0			0	0 HY	0	0
73	Develop Parent Child Details Report	6/27/17	0			0	0 HY	0	0
74	Security Cameras	3/19/18	0			0	0 HY	0	0
75	Toilet	5/16/18	0			0	0 HY	0	0
76	Security System	6/29/18	0			0	0 HY	0	0
77	3 Computers	11/06/17	0			0	0 HY	0	0
78	Computer	4/02/18	0			0	0 HY	0	0
79	Sage Software	4/09/18	0			0	0 HY	0	0
80	Roof Repair	4/23/18	0			0	0 HY	0	0
81	501 TechNet Computers	6/20/18	0			0	0 HY	0	0
82	Construction in Progress	7/01/17	0			0	0 HY	0	0
83	Telegen Solutions - Rack & Cable Installati	7/16/18	0			0	0 HY	0	0
84	CIP - Application and Drawings Permit	8/03/18	0			0	0 HY	0	0
85	CIP - Move Shelving	8/16/18	0			0	0 HY	0	0
86	CIP - Event Design Fee	8/22/18	0			0	0 HY	0	0
87	CIP - Progress Billing on Design Fee	9/25/18	0			0	0 HY	0	0
88	CIP - Architect Fees for Design	10/31/18	0			0	0 HY	0	0
89	CIP - 1st Payment per Construction Contrac	1/23/19	0			0	0 HY	0	0
90	CIP - Payment for Design Fee	1/23/19	0			0	0 HY	0	0
92	CIP - Furniture Inventory Selection & Bid	2/15/19	0			0	0 HY	0	0
93	CIP - 2nd Payment due Construction	2/25/19	0			0	0 HY	0	0
94	CIP - Owner's Representative Consultant	2/26/19	0			0	0 HY	0	0
95	CIP - 3rd Payment on Construction	3/12/19	0			0	0 HY	0	0
96	CIP - Construction Administration	3/12/19	0			0	0 HY	0	0
97	CIP - 3rd Payment of Stonebridge Fees	4/11/19	0			0	0 HY	0	0
98	CIP - 5th Construction Payment	5/13/19	0			0	0 HY	0	0
99	CIP - 4th Stonebridge Payment	5/13/19	0			0	0 HY	0	0
100	CIP - Design Fees	6/26/19	0			0	0 HY	0	0
101	CIP - Furniture Inventory	6/26/19	0			0	0 HY	0	0
102	CIP - Stonebridge Construction Fee	6/26/19	0			0	0 HY	0	0
103	CIP - 6th Construction Fee	6/26/19	0			0	0 HY	0	0
104	CIP - Accrue Retainage	6/30/19	0			0	0 HY	0	0
105	CIP - 4th Construction Pay Application	4/11/19	0			0	0 HY	0	0
106	CIP - Stonebridge 3rd Payment Fees	4/11/19	0			0	0 HY	0	0
107	Building Librarium - Land	8/31/07	0			0	0 HY	0	0
108	Camera	1/28/19	0			0	0 HY	0	0
109	Building Deposits	7/01/18	0			0	0 HY	0	0
	Total Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>

73-1039524

Bonus Depreciation Report

FYE: 6/30/2019

Form 990, Page 1

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
51	Resurfaced portion of parking lot	10/06/14	750		0	0	0	750
Grand Total			<u>750</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>750</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

73-1039524

Future Depreciation Report**FYE: 6/30/20**

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
1	Furniture	4/05/04	6,000	0	0
2	Computers	5/30/05	1,826	0	0
3	Scales	1/01/06	2,388	0	0
4	Copier	1/01/06	1,138	0	0
5	Computers	1/01/06	12,949	0	0
6	Software	1/01/07	2,873	0	0
7	Telephone System	10/31/07	4,586	0	0
8	Computer Software	5/01/08	4,468	0	0
9	Office Furniture	12/31/07	8,299	0	0
10	Building	8/31/07	378,000	9,692	0
11	Building Improvements	10/31/07	32,875	2,191	0
12	Fire Alarms	4/01/09	4,427	0	0
13	Computers	4/01/09	2,700	0	0
14	Building Improvements	4/01/09	5,745	383	0
15	Office Equipment	2/01/10	1,799	0	0
16	Laptop	7/21/09	391	0	0
17	Database	1/07/10	14,400	0	0
18	Retaining Wall	11/30/09	88,484	5,898	0
19	New Van	5/05/11	33,950	0	0
20	Freezer	7/29/10	543	0	0
21	6 New Computers	12/01/10	2,719	0	0
22	Office Remodel	1/31/11	14,500	966	0
23	Phone System	3/01/12	6,634	0	0
24	Equipment	7/11/11	2,730	0	0
25	Refrigerator	5/28/12	6,628	0	0
26	Computers	1/01/12	5,458	0	0
28	New Furnace	3/25/13	6,781	453	0
29	Signs Eastside	2/04/13	2,423	162	0
30	Amax Signs - Eastside split w/Pa	2/20/13	488	32	0
31	Eastside/Car	12/03/12	1,510	0	0
32	Eastside Ref	12/10/12	1,300	0	0
33	Dana Consulting - mod report	4/03/13	150	0	0
34	Dana Consulting - mod website	4/03/13	1,200	0	0
35	Servers/Eastside	11/26/12	3,678	0	0
36	Donor Perfect Software Database	1/28/13	2,621	0	0
37	Boutique	9/03/13	11,000	733	0
38	Parking Lot Resurface	11/09/13	10,000	666	0
39	4 Ton Rooftop A/C unit	5/30/14	6,444	429	0
40	Eastside - Internal Wall	5/12/14	675	45	0
41	WB Cox Floor Scale	8/08/13	500	0	0
42	Donor Perfect Software	8/21/13	2,621	0	0
43	Dell Computer-Technet	9/11/13	253	0	0
44	Dell Computer-Technet	9/11/13	253	0	0
45	Dell Computer-Technet	9/11/13	253	0	0
46	Dell Computer-Technet	9/11/13	253	0	0
47	Dell Computer-Technet	9/11/13	253	0	0
48	Dell Computer-Technet	9/11/13	253	0	0
49	Dell Computer-Technet	9/11/13	253	0	0
50	Dell Computer-Technet	9/11/13	253	0	0
51	Resurfaced portion of parking lot	10/06/14	750	50	0
52	Toilet Replacement	10/27/14	776	52	0
54	Software-Dana Consulting	10/28/14	1,320	88	0
55	IT computer	4/20/15	1,409	235	0
56	Parking lot- asphalt repair	7/31/15	2,283	152	0
57	EIS Website Update	6/30/16	7,491	1,499	0
58	3 new computers	10/19/15	2,775	555	0
59	New software - Peachtree	11/16/15	1,149	230	0
60	Scanner program changes - H. Grant	2/17/16	3,053	610	0
61	New visa nachine & Kyocera copier	10/05/15	7,455	1,491	0
62	Building Librarium	12/31/15	6,000	400	0
63	Cloud Deployment Client Database	3/01/17	3,080	616	0
64	Building Librarium - Building	9/16/16	1,499,719	0	0
65	Building Librarium - Land	9/16/16	706,720	0	0
66	EIS Website Final Payment	10/27/16	7,491	1,498	0
67	Freezer	7/18/16	560	112	0
68	Dryer	1/23/17	590	118	0
69	Inspection for Asbestos	8/02/16	2,800	187	0

73-1039524

Future Depreciation Report**FYE: 6/30/20**

FYE: 6/30/2019

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
70	Asbestos Survey	8/12/16	1,400	94	0
71	MEP Assessment	8/15/16	800	53	0
72	Topographic Survey	4/20/17	2,800	187	0
73	Develop Parent Child Details Report	6/27/17	825	165	0
74	Security Cameras	3/19/18	938	188	0
75	Toilet	5/16/18	702	140	0
76	Security System	6/29/18	3,525	705	0
77	3 Computers	11/06/17	1,552	311	0
78	Computer	4/02/18	561	112	0
79	Sage Software	4/09/18	882	176	0
80	Roof Repair	4/23/18	500	33	0
81	501 TechNet Computers	6/20/18	3,324	665	0
82	Construction in Progress	7/01/17	43,200	0	0
83	Telegen Solutions - Rack & Cable Installation	7/16/18	2,830	566	0
84	CIP - Application and Drawings Permit	8/03/18	2,300	0	0
85	CIP - Move Shelving	8/16/18	1,350	0	0
86	CIP - Event Design Fee	8/22/18	7,700	0	0
87	CIP - Progress Billing on Design Fee	9/25/18	7,700	0	0
88	CIP - Architect Fees for Design	10/31/18	4,040	0	0
89	CIP - 1st Payment per Construction Contract	1/23/19	77,005	0	0
90	CIP - Payment for Design Fee	1/23/19	50,952	0	0
92	CIP - Furniture Inventory Selection & Bidding	2/15/19	1,838	0	0
93	CIP - 2nd Payment due Construction	2/25/19	148,602	0	0
94	CIP - Owner's Representative Consultant	2/26/19	9,990	0	0
95	CIP - 3rd Payment on Construction	3/12/19	170,531	0	0
96	CIP - Construction Administration	3/12/19	5,628	0	0
97	CIP - 3rd Payment of Stonebridge Fees	4/11/19	9,990	0	0
98	CIP - 5th Construction Payment	5/13/19	235,992	0	0
99	CIP - 4th Stonebridge Payment	5/13/19	9,990	0	0
100	CIP - Design Fees	6/26/19	8,441	0	0
101	CIP - Furniture Inventory	6/26/19	1,838	0	0
102	CIP - Stonebridge Construction Fee	6/26/19	9,990	0	0
103	CIP - 6th Construction Fee	6/26/19	143,807	0	0
104	CIP - Accrue Retainage	6/30/19	102,968	0	0
105	CIP - 4th Construction Pay Application	4/11/19	150,784	0	0
106	CIP - Stonebridge 3rd Payment Fees	4/11/19	9,990	0	0
107	Building Librarium - Land	8/31/07	172,000	0	0
108	Camera	1/28/19	630	126	0
109	Building Deposits	7/01/18	2,161	0	0
110	CIP - Rick Scott Construction	7/31/19	187,282	0	0
	Total Other Depreciation		<u>4,552,684</u>	<u>33,064</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>4,552,684</u>	<u>33,064</u>	<u>0</u>
	Grand Totals		<u>4,552,684</u>	<u>33,064</u>	<u>0</u>

**SCHEDULE G
(Form 990 or
990-EZ)**

Fundraising Other Events

2018

For calendar year 2018, or tax year beginning 07/01/18, and ending 06/30/19

Name

Employer Identification Number

EMERGENCY INFANT SERVICES, INC

73-1039524

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>POPPING BOTTLES</u>	<u>CITYWIDE BABYSH</u>		(add col. (a) through
		(event type)	(event type)	(event type)	col. (c))
Revenue	1	Gross receipts	29,205	10,303	39,508
	2	Less: Charitable contributions	29,205	10,303	39,508
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food/beverages			
	8	Entertainment			
	9	Other expenses	10,535		

Form 990	Two Year Comparison Report	2017 & 2018
For calendar year 2018, or tax year beginning 07/01/18, ending 06/30/19		

Name: **EMERGENCY INFANT SERVICES, INC** Taxpayer Identification Number: **73-1039524**

		2017	2018	Differences
Revenue	1. Contributions, gifts, grants	4,487,403	7,129,097	2,641,694
	2. Membership dues and assessments			
	3. Government contributions and grants	12,744		-12,744
	4. Program service revenue			
	5. Investment income	8,974	9,962	988
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	-288,432	-261,511	26,921
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	711	337	-374
	12. Total revenue. Add lines 1 through 11	4,221,400	6,877,885	2,656,485
Expenses	13. Grants and similar amounts paid	1,424,098	2,007,070	582,972
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	82,480	99,913	17,433
	16. Salaries, other compensation, and employee benefits	637,577	650,939	13,362
	17. Professional fundraising fees			
	18. Other professional fees	42,263	21,646	-20,617
	19. Occupancy, rent, utilities, and maintenance	124,805	113,714	-11,091
	20. Depreciation and Depletion	39,538	34,474	-5,064
	21. Other expenses	186,671	201,516	14,845
	22. Total expenses. Add lines 13 through 21	2,537,432	3,129,272	591,840
	23. Excess or (Deficit). Subtract line 22 from line 12	1,683,968	3,748,613	2,064,645
Other Information	24. Total exempt revenue	4,221,400	6,877,885	2,656,485
	25. Total unrelated revenue			
	26. Total excludable revenue	9,685	10,299	614
	27. Total assets	9,465,798	7,939,966	-1,525,832
	28. Total liabilities	2,381,042	429,219	-1,951,823
	29. Retained earnings	7,084,756	7,510,747	425,991
	30. Number of voting members of governing body	23	25	
	31. Number of independent voting members of governing body	23	25	
	32. Number of employees	21	22	
	33. Number of volunteers	100	255	

Form 990	Tax Return History	2018
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Name EMERGENCY INFANT SERVICES, INC	Employer Identification Number 73-1039524
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	2014	2015	2016	2017	2018	2019
Contributions, gifts, grants	2,149,223	2,453,469	7,338,257	4,500,147	7,129,097	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	9,791	1,701	6,604	8,974	9,962	
Fundraising revenue (income/loss)	-14,954	-137,823	-225,993	-288,432	-261,511	
Gaming revenue (income/loss)						
Other revenue	2,953	2,720	24,436	711	337	
Total revenue	2,147,013	2,320,067	7,143,304	4,221,400	6,877,885	
Grants and similar amounts paid	1,245,844	1,274,714	1,982,131	1,424,098	2,007,070	
Benefits paid to or for members						
Compensation of officers, etc.	86,771	87,428	67,300	82,480	99,913	
Other compensation	592,789	659,212	699,367	637,577	650,939	
Professional fees	13,549	23,067	20,960	42,263	21,646	
Occupancy costs	110,205	100,680	101,108	124,805	113,714	
Depreciation and depletion	43,399	43,241	40,634	39,538	34,474	
Other expenses	110,020	129,513	214,981	186,671	201,516	
Total expenses	2,202,577	2,317,855	3,126,481	2,537,432	3,129,272	
Excess or (Deficit)	-55,564	2,212	4,016,823	1,683,968	3,748,613	
Total exempt revenue	2,147,013	2,320,067	7,143,304	4,221,400	6,877,885	
Total unrelated revenue						
Total excludable revenue	12,744	4,421	31,040	9,685	10,299	
Total Assets	1,506,114	1,450,359	7,608,654	9,465,798	7,939,966	
Total Liabilities	157,434	162,692	2,362,969	2,381,042	429,219	
Net Fund Balances	1,348,680	1,287,667	5,245,685	7,084,756	7,510,747	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 980		14			
INVESTMENT INCOME	8,982		14			
TOTAL	<u>\$ 9,962</u>					

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
JBOD EXPENSES	\$ 4,525	\$	\$ 4,525	\$
BANK CHARGE	4,211		4,211	
VOLUNTEER LUNCHEON	2,088		2,088	
PAYROLL SERVICE	1,414		1,414	
CAPITAL CAMPAIGN	919		919	
CONTINUING ED & CONFERENC	415	415		
TOTAL	\$ <u>13,572</u>	\$ <u>415</u>	\$ <u>13,157</u>	\$ <u>0</u>

73-1039524

Federal Statements

FYE: 6/30/2019

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
NONCASH CONTRIBUTIONS	\$ 1,168,684
CASH CONTRIBUTIONS	981,624
CHARLES & LYNN SCHUSTERMAN FAM FNDTN	
CASH CONTRIBUTION	310,500
ANONYMOUS	
CASH CONTRIBUTION	500,000
ANONYMOUS	
FOOD, DIAPERS, BOTTLES, ETC.	173,309
ANNE AND HENRY ZARROW FOUNDATION	
CASH CONTRIBUTION	560,435
COMMUNITY FOOD BANK OF EASTERN OK	
FOOD	299,335
ANONYMOUS	
CASH CONTRIBUTION	246,230
A.R. AND MARYLOUISE TANDY FOUNDATION	
CASH CONTRIBUTION	500,000
HARDESTY FAMILY FOUNDATION	
CASH CONTRIBUTION	250,000
HERMAN KAISER FOUNDATION	
CASH CONTRIBUTION	333,334
RUTH NELSON FOUNDATION	
CASH CONTRIBUTION	500,000
J.E. AND L.E. MABEE FOUNDATION	
CASH CONTRIBUTION	600,000
KALEIDOSCOPE BALL	
CASH CONTRIBUTION	666,138
POPPING BOTTLES	
CASH CONTRIBUTION	29,205
CITYWIDE BABYSHOWER	
CASH CONTRIBUTION	3,303
NONCASH CONTRIBUTIONS	7,000
TOTAL	\$ <u><u>7,129,097</u></u>

73-1039524

Federal Statements

FYE: 6/30/2019

Schedule A, Part II, Line 12 - Current yearDescriptionAmount

CASH BACK/COMMERCE	\$ 337
KALEIDOSCOPE BALL	4,400
BABY ROCK CNCRT	43,972
POPPING BOTTLES	
CITYWIDE BABYSHOWER	
TOTAL	<u>\$ 48,709</u>