### EMPTY STOCKING FUND INC INSTRUCTIONS FOR FILING FORM 8879-TE IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990 FOR THE YEAR ENDED MARCH 31, 2024

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8879-TE TO:

SMITH & HOWARD ADVISORY, LLC 271 17TH STREET, NW SUITE 2100 ATLANTA GA 30363

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

AN ADDITIONAL COPY OF THE RETURN SHOULD BE FILED WITH: GEORGIA DEPARTMENT OF REVENUE P.O. BOX 740395 ATLANTA, GA 30374-0395

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE FEBRUARY 17, 2025. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

| Form 8879-TE |  |
|--------------|--|
|--------------|--|

# **IRS E-file Signature Authorization**

OMB No. 1545-0047

| 1 | ror | а | l ax | Exempt Entity |  |
|---|-----|---|------|---------------|--|
|   |     |   |      |               |  |

For calendar year 2023, or fiscal year beginning 04/01/2023 and ending 03/31/2024

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Department of the Treasury Internal Revenue Service Name of file

EMPTY STOCKING FUND INC Name and title of officer or person subject to tax

23-7159125

EIN or SSN

| RISTINE | JORDAN, | CHAIR |  |
|---------|---------|-------|--|
|         |         |       |  |

#### Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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   | X b  | Total reve  | enue, if any (Form 990, Part VIII, column (A), line 12)   | 1b _   | 2,151,728.  |
|--|---|--|---|---|--|---|
| 2a   | Form 990-EZ check here  | b  | Total reve  | enue, if any (Form 990-EZ, line 9)  | 2b _   |   |
| 3a   | Form 1120-POL check here  | b  | Total tax   | (Form 1120-POL, line 22)  | 3b   |   |
| 4a   | Form 990-PF check here  | b  | Tax base  | ed on investment income (Form 990-PF, Part V, line 5).  | 4b _   |   |
| 5a   | Form 8868 check here  | b  | Balance o   | due (Form 8868, line 3c)  | 5b _   |   |
| 6a   | Form 990-T check here   | b  | Total tax   | (Form 990-T, Part III, line 4)  | 6b _   |   |
| 7a   | Form 4720 check here  | b  | Total tax   | (Form 4720, Part III, line 1)   | 7b _   |   |
| 8a   | Form 5227 check here  | b  | FMV of a  | ssets at end of tax year (Form 5227, Item D)  | 8b _   |   |
| 9a   | Form 5330 check here  | b  | Tax due (   | (Form 5330, Part II, line 19)   | 9b _   |   |
| 10a  | Form 8038-CP check here   | b  | Amount o  | of credit payment requested (Form 8038-CP, Part III, line 22)   | 10b  |   |
| Part   | II Declaration and Signatu  | ure Aut  | thorizati   | ion of Officer or Person Subject to Tax   |  |   |
| Under  | penalties of perjury, I declare that  | XIa  | m an offic  | cer of the above entity or 📃 I am a person subject to tax with  | h resp   | ect to (name  |
|  |   |  |   | , (EIN) and that I have examined  | d o oor  | w of the  |
| of enti  | ty)   |  |   |   | u a cop  | by of the   |
|  | <i>,</i> ,  | schedule   | es and sta  | atements, and, to the best of my knowledge and belief, they are   |  | •   |
| 2023<br>compl  | electronic return and accompanying sete. I further declare that the amount  | t in Part  | I above is  | atements, and, to the best of my knowledge and belief, they are s the amount shown on the copy of the electronic return. I conse  | true, co<br>ent to a   | orrect, and<br>llow my  |
| 2023<br>compl<br>interm  | electronic return and accompanying s<br>ete. I further declare that the amount<br>rediate service provider, transmitter, o  | t in Part<br>or electre  | l above is<br>onic retur  | atements, and, to the best of my knowledge and belief, they are<br>s the amount shown on the copy of the electronic return. I conse<br>rn originator (ERO) to send the return to the IRS and to receive fro   | true, co<br>ent to a<br>om the   | orrect, and<br>llow my<br>IRS ( <b>a</b> ) an   |
| 2023<br>compl<br>interm<br>ackno   | electronic return and accompanying s<br>ete. I further declare that the amount<br>rediate service provider, transmitter, of<br>wledgement of receipt or reason for r  | t in Part<br>or electro<br>rejection   | I above is<br>onic retur<br>of the tran   | atements, and, to the best of my knowledge and belief, they are<br>s the amount shown on the copy of the electronic return. I conse<br>m originator (ERO) to send the return to the IRS and to receive fro<br>asmission, ( <b>b</b> ) the reason for any delay in processing the return   | true, co<br>ent to a<br>om the<br>or refu  | orrect, and<br>llow my<br>IRS ( <b>a</b> ) an<br>nd, and ( <b>c</b> )   |
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do not enter all zeros on the tax year 2023 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 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.

Signature of officer or person subject to tax

02/15/2025

Enter five numbers, but

| Part III | Certification | n ar | nd / | Auth | nen | tica | tior | l |
|----------|---------------|------|------|------|-----|------|------|---|
|          |               |      |      |      |     |      |      | _ |

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

ERO firm name

| 6                      | 7 | 8 | 8 | 2 | 7 | 9 | 2 | 0 | 7 | 4 |
|------------------------|---|---|---|---|---|---|---|---|---|---|
| Do not enter all zeros |   |   |   |   |   |   |   |   |   |   |

Date

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I

| am submitting this return in accordance with the requirements of Pub. 4163, I                                | Modernized e-File | (MeF) Information for Authorized IRS | e-file |  |  |  |  |  |  |  |  |
|--|-------------------|--------------------------------------|--------|--|--|--|--|--|--|--|--|
| Providers for Business Returns.<br>ERO's signature   | Date              | 02/15/2025                           |        |  |  |  |  |  |  |  |  |
| ERO Must Retain This Form - See Instructions<br>Do Not Submit This Form to the IRS Unless Requested To Do So |                   |                                      |        |  |  |  |  |  |  |  |  |
| For Privacy Act and Paperwork Reduction Act Notice, see back of form.  |                   | Form <b>8879-TE</b> (2               | 2023)  |  |  |  |  |  |  |  |  |
| JSA<br>3X3008 3.000<br>$6904RW$ 9242 12 $06/2024$ 07.23.03 $\nabla 23-7$ .                                   | $ON_{6}CO$        | PY                                   |        |  |  |  |  |  |  |  |  |

| Form    | 9     | 9    | 0       |
|---------|-------|------|---------|
| Doporte | ont o | ftho | Troocum |

## **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. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

G Open to Public

OMB No. 1545-0047

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|---|-----------------|-----------|-------------|--------|-----------|-----------|-------------------------|-----------|-------------|----------|---------------|--------|----------------------------|-------|--------------|-------------|--------------|--------------------------|-----------|-----------------|--------------|----------------------|
|   | orth            | e 202     | 3 calen     | -      |           |           | year                    | begin     | ning        | 04       | 4/01/         | 20     | 23                         | a     | ia en        | ang         |              | alovor id                |           | $\frac{31}{20}$ |              |                      |
| <b>В</b> с                              | heck if ap      | plicable: | C Name      |        | •         |           |                         |           |             |          |               |        |                            |       |              |             |              | pioyer id                | entific   | ation num       | iber         |                      |
|   | Addre           |           | EM          | PTY    | STO       | CKIN      | IG FU                   | JND I     | NC          |          |               |        |                            |       |              |             | 4            |                          |           |                 |              |                      |
|   | chang           |           |             |        | less As   |           |                         |           |             |          |               |        |                            |       |              |             |              | -                        |           | 59125           |              |                      |
|   | Name            | change    | Numb        | er an  | d street  | (or P.C   | D. box if               | mail is r | not delive  | red to   | street ad     | dres   | s)                         | Roc   | om/sui       | te          | E Tele       | ephone n                 | number    |                 |              |                      |
|   | Initial         | return    | 69          | 3 H    | UMPH      | RIES      | S STF                   | REET      |             |          |               |        |                            |       |              |             |              | (4                       | 04)       | 876-86          | 597          |                      |
|   | Termi           | nated     | City o      | r towr | ı, state  | or prov   | vince, co               | ountry, a | nd ZIP or   | r foreig | in postal     | code   | •                          |       |              |             |              |                          |           |                 |              |                      |
|   | Amen<br>return  |           | AT          | LAN    | ΤA,       | GA 3      | 80310                   | )         |             |          |               |        |                            |       |              |             | <b>G</b> Gro | ss receip                | ots \$    | 2,41            | 13,68        | 32.                  |
|   | Applic<br>pendi | ation     | F Name      | and a  | address   | s of prin | cipal off               | icer:     | KR          | ISTI     | INE J         | ORI    | DAN                        |       |              |             |              | this a gro<br>bordinates |           | n for           | Yes          | X No                 |
|   |                 |           | 69          | 3 н    | UMPH      | RIES      | S STF                   | REET,     | ATL         | ANT      | A, GA         | . 30   | 0310                       |       |              |             |              | e all subor              |           | cluded?         | Yes          | No                   |
| I                                       | Tax-ex          | empt st   | atus:       | X 5    | 501(c)(3  | 3)        | 50                      | 1(c) (    | ) ◀         | (inse    | ert no.)      |        | 4947(a)(1                  | l) or |              | 527         | lf           | "No," atta               | ch a list | . (see instru   | ctions)      |                      |
| J                                       | Websi           | te: 🕨     | EMPT        | YST    | OCKI      | NGFU      | JND.C                   | RG        |             |          |               |        |                            |       |              |             | H(c) Gr      | oup exem                 | nption nu | umber 🕨         |              |                      |
| ĸ                                       | Form o          | of organ  | nization:   | хC     | Corporat  | tion      | Trus                    | t I       | Associati   | ion      | Othe          | er 🕨   | •                          |       | L Ye         | ar of forma | tion: 19     | 27 M                     | State     | of legal do     | micile:      | GA                   |
| Ρ                                       | art I           | Su        | mmary       |        |           |           | -                       |           |             |          | I             |        |                            |       |              |             |              |                          |           |                 |              |                      |
|   |                 | Briefly   | v describ   | be the | e organ   | izatior   | n's mis                 | sion or   | most si     | anific   | ant activ     | vities | : THE                      | EMP   | TY S         | STOCKI      | NG FU        | JND (                    | ESF       | ) BRIN          | IGS J        | OY                   |
| e                                       |                 |           |             |        | -         |           |                         |           |             | -        |               |        | PROVII                     |       |              |             |              |                          |           |                 |              |                      |
| anc                                     |                 |           |             |        |           |           |                         |           |             |          |               |        | ESSENT                     |       |              |             |              |                          |           |                 |              |                      |
| ern                                     | 2               |           |             |        |           |           |                         |           |             |          |               |        | s or dispo                 |       |              |             | 6 of its n   | et asset                 | s         |                 |              |                      |
| Governance                              | 3               |           |             |        | · · · · · |           | •                       |           |             |          | •             |        |                            |       |              |             |              |                          | 3         |                 |              | 18                   |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |                 |           |             |        |           |           |                         |           |             |          |               |        | /I, line 1b)               |       |              |             |              |                          | 4         |                 |              | 18                   |
| Activities &                            |                 |           |             |        |           |           |                         |           |             |          |               |        | ne 2a)                     |       |              |             |              |                          | 5         |                 |              | <u> </u>             |
| izit                                    | 6               |           | number      |        |           |           |                         |           |             |          |               |        |                            |       |              |             |              | • • •                    | 6         |                 | 2            | ,557                 |
| Act                                     | -               |           |             |        |           | `         |                         |           | •           |          |               |        |                            |       |              |             |              | • • •                    | 7a        |                 | 2            | ,                    |
|   |                 |           |             |        |           |           |                         |           |             |          |               |        | <br>                       |       |              |             |              | • • •                    | 7b        |                 |              |                      |
|   |                 | ivel ui   | meiateu     | Dusii  | 1655 14   | ixable    |                         |           | -0111 99    | 0-1,11   | 116 34        | • •    |                            |       |              | <u> </u>    | Prior        | Year                     |           | Curr            | ent Ye       | <br>ar               |
|   | 8               | Contri    | ibutions    | anda   | rante (   | Dort V    | III lino                | 16)       |             |          |               |        |                            |       |              | _           |              | 67,60                    | 60        |                 |              | ,707.                |
| Revenue                                 | 9               | Drogr     | ibutions a  |        |           | Dort V    | III, IIIIe<br>III, Iine | 2a)       |             | • • •    | • • •         | • •    | co                         | PY FO | OR           |             |              | 12,3                     |           | <u> </u>        |              | ,531.                |
| ver                                     |                 | Invoot    |             |        | /Enue (   |           |                         | 29)       |             | • • •    | 1)            | • •    | CO<br>PUBLIC               | INSP  | ECTIC        |             | 5            | <u>12,3</u><br>17,5      |           |                 |              | , <u>424</u> .       |
| Re                                      |                 |           | tment ind   |        |           |           |                         |           |             |          |               |        | L                          |       |              | ┛┝──        |              | 4,1                      |           |                 |              |                      |
|   | 11<br>12        |           |             |        |           |           |                         |           |             |          |               |        | A), line 12)               |       |              | _           | 2 2          | $\frac{4,1}{01,7}$       |           | 2               |              | <u>,066.</u><br>720  |
|   |                 |           |             |        |           |           |                         |           |             |          |               |        |                            |       |              |             |              | 15,10                    |           |                 |              | ,728.                |
|   |                 |           |             |        |           |           |                         |           |             |          |               |        |                            |       |              |             | 1,4          |                          | ONE       | L               | , 529,       | <u>,985.</u><br>NONE |
|   | 4.5             |           |             |        |           |           |                         |           |             |          |               |        | linco 5 10                 |       |              |             | 2            | 09,4                     |           |                 | 226          | ,734.                |
| Expenses                                | 15              |           |             |        |           |           |                         |           |             |          |               |        | lines 5-10)                |       |              |             | 3            |                          |           |                 | 330          |                      |
| oen                                     | 104             |           |             |        |           |           |                         |           |             |          |               |        |                            |       | • • •        | •           |              | IN                       | ONE       |                 |              | NONE                 |
| Ĕ                                       |                 |           |             |        |           |           |                         |           |             |          |               |        | 277,443                    |       |              |             | 1 0          | 00 40                    | 26        |                 | 700          | <b>F 0 7</b>         |
|   | 17              | Other     | expense     | es (Pa | art IX, ( | columr    | ו (A), ⊪<br>קי          |           | a-110, 1    | 11-24    | e)            | •••    |                            | • • • | • • •        | • •         |              | 08,49                    |           |                 |              | ,587.                |
|   |                 |           |             |        |           |           |                         |           |             |          |               |        | 25)                        | • • • |              | • •         |              | 33,14                    |           |                 |              | ,306.                |
| - 0                                     |                 | Rever     | nue less    | expe   | nses. S   | Subtra    | ct line '               | 18 from   | line 12     | • • •    |               | • •    | <u></u>                    |       |              | - De ait    |              | 31,43                    |           |                 |              | ,578.                |
| Net Assets or<br>Fund Balances          |                 |           |             |        |           |           |                         |           |             |          |               |        |                            |       |              | Begli       | nning of (   |                          |           |                 | of Yea       |                      |
| Sse<br>Bala                             | 20              |           | assets (F   |        |           |           | • • •                   |           |             |          |               | • •    |                            |       |              | • •         |              | 70,5                     |           | 3               |              | ,290.                |
| et A<br>Ind I                           | 21              |           | liabilities | •      |           |           | ••••                    |           |             | ••••     |               | • •    |                            | • • • |              | • •         |              | 85,1                     |           |                 |              | ,700.                |
|   |                 |           | ssets or    |        |           | es. Su    | ubtract                 | line 21   | from lin    | e 20.    |               |        |                            |       |              | •           | 2,6          | 85,43                    | 19.       | 2               | ,621,        | ,590.                |
|   | rt II           |           | gnature     |        |           |           |                         |           |             |          |               |        |                            |       |              |             |              |                          |           |                 |              |                      |
|   |                 |           |             |        |           |           |                         |           |             |          |               |        | anying sche<br>mation of w |       |              |             |              |                          | ттук      | nowledge        | and be       | lief, it is          |
|   |                 |           |             |        | -         |           |                         |           |             |          |               |        |                            |       |              |             |              |                          |           |                 |              |                      |
| Sig                                     | in              |           | Signature   |        | fficor    |           |                         |           |             |          |               |        |                            |       |              |             |              | 02/<br>Date              | 15/2      | 2025            |              |                      |
| He                                      |                 | , ·       | 0           |        |           |           |                         |           |             |          |               |        |                            |       |              |             | I.           | Jale                     |           |                 |              |                      |
|   | -               |           | STINE       |        |           | - + i + i |                         |           |             |          |               |        | CHAIF                      | ર     |              |             |              |                          |           |                 |              |                      |
|   |                 |           | Type or p   |        |           | u uue     |                         |           | Drafara     | r'o oic  | notuło        | ^      | •                          |       | Data         |             | 1            | -                        |           |                 |              |                      |
| Paid                                    | ł               |           | Type prep   |        |           |           |                         |           | Prepare     | a s sigi |               | P      | [ .                        |       | Date         |             | -            | eck                      | J ''      | PTIN            |              |                      |
|   | parer           | SABI      | RE J I      |        |           |           |                         |           | Al          | 12       | $\mathcal{A}$ | VI     | rand                       |       | <b>1</b> 02/ | 15/202      | 25 se        | lf-employ                |           | P01372          |              |                      |
|   | Only            | Firm's    | s name      | ► S    | MITH      | I & I     | IOWAI                   | RD AI     | <b>VISO</b> | RY,      | LLC           |        |                            |       |              |             | Firm's E     | EIN 🕨                    |           | 2-0749          |              |                      |
|   |                 |           | address     |        |           |           |                         |           |             |          |               |        | A 30363                    |       |              |             | Phone I      | 10.                      | 40        | )4 - 874        |              | 4                    |
|   |                 |           | cuss this   |        |           |           | •                       |           |             | `        |               | tions  | 5)                         |       |              |             |              | <u></u>                  |           |                 | es           | No                   |
| For                                     | Paper           | work      | Reducti     | on A   | ct Noti   | ce, se    | e the s                 | eparate   | e instruc   | ctions   | 5.            |        |                            |       |              |             |              |                          |           | For             | m <b>990</b> | (2023)               |

| EMPTY | STOCKING   | FUND   | INC |  |
|-------|------------|--------|-----|--|
|       | DI CONTINO | - 01.0 |     |  |

| <ol> <li>Briefly de<br/><u>SEE SCH</u></li> <li>Did the or<br/>prior Forr<br/>If "Yes," d</li> <li>Did the<br/>services?<br/>If "Yes," d</li> <li>Describe<br/>expenses<br/>the total of</li> <li>4a (Code:</li></ol> | Statement of Program Serv<br>Check if Schedule O contain<br>scribe the organization's mis<br>HEDULE O<br>rganization undertake any s<br>n 990 or 990-EZ?<br>escribe these new services o<br>organization cease conduct<br>escribe these changes on So<br>the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any | s a response or note<br>sion:<br>ignificant program se<br>on Schedule O.<br>ting, or make signif<br>chedule O.<br>service accomplishr<br>1(c)(4) organizations<br>/, for each program se | to any line in this Part<br>rvices during the yea<br>icant changes in he<br>nents for each of its<br>are required to repo | ow it conducts, any progr   | the<br>Yes X No<br>ram<br>Yes X No<br>rvices, as measured to |
|---|--|--|---|---|--|
| <ol> <li>Briefly de<br/><u>SEE SCH</u></li> <li>Did the or<br/>prior Forr<br/>If "Yes," d</li> <li>Did the<br/>services?<br/>If "Yes," d</li> <li>Describe<br/>expenses<br/>the total of</li> <li>(Code:</li></ol>    | Check if Schedule O contain<br>scribe the organization's mis<br>IEDULE O<br>rganization undertake any s<br>n 990 or 990-EZ?<br>escribe these new services of<br>organization cease conduct<br>escribe these changes on So<br>the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any<br>) (Expenses \$           | s a response or note<br>sion:<br>ignificant program se<br>on Schedule O.<br>ting, or make signif<br>chedule O.<br>service accomplishr<br>1(c)(4) organizations<br>/, for each program se | to any line in this Part<br>rvices during the yea<br>icant changes in he<br>nents for each of its<br>are required to repo | r which were not listed on<br>ow it conducts, any progr<br>s three largest program se | the<br>Yes X No<br>ram<br>Yes X No<br>rvices, as measured to |
| 2 Did the oprior Forr<br>If "Yes," d<br>3 Did the<br>services?<br>If "Yes," d<br>4 Describe<br>expenses<br>the total d<br>4 (Code:  | HEDULE O<br>rganization undertake any s<br>n 990 or 990-EZ?<br>escribe these new services of<br>organization cease conduct<br>escribe these changes on So<br>the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any<br>) (Expenses \$   | ignificant program se<br>on Schedule O.<br>ting, or make signif<br>chedule O.<br>service accomplishr<br>1(c)(4) organizations<br><i>y</i> , for each program se                          | icant changes in he<br>nents for each of its<br>are required to repo  | ow it conducts, any progr<br>s three largest program se                               | Yes X No<br>ram<br>Yes X No<br>rvices, as measured t         |
| <ol> <li>Did the c<br/>prior Forr<br/>If "Yes," d</li> <li>Did the<br/>services?.<br/>If "Yes," d</li> <li>Describe<br/>expenses<br/>the total d</li> <li>4a (Code:</li></ol>   | rganization undertake any s<br>n 990 or 990-EZ?<br>escribe these new services of<br>organization cease conduct<br>escribe these changes on So<br>the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any<br>) (Expenses \$   | on Schedule O.<br>ting, or make signif<br>chedule O.<br>service accomplishr<br>1(c)(4) organizations<br>/, for each program se   | icant changes in he<br>nents for each of its<br>are required to repo  | ow it conducts, any progr<br>s three largest program se                               | Yes X No<br>ram<br>Yes X No<br>rvices, as measured t         |
| prior Forr<br>If "Yes," d<br>3 Did the<br>services?<br>If "Yes," d<br>4 Describe<br>expenses<br>the total d<br>4 (Code:   | n 990 or 990-EZ?<br>escribe these new services or<br>organization cease conduct<br>escribe these changes on So<br>the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any<br>) (Expenses \$  | on Schedule O.<br>ting, or make signif<br>chedule O.<br>service accomplishr<br>1(c)(4) organizations<br>/, for each program se   | icant changes in he<br>nents for each of its<br>are required to repo  | ow it conducts, any progr<br>s three largest program se                               | Yes X No<br>ram<br>Yes X No<br>rvices, as measured t         |
| prior Forr<br>If "Yes," d<br>3 Did the<br>services?<br>If "Yes," d<br>4 Describe<br>expenses<br>the total d<br>4 (Code:   | n 990 or 990-EZ?<br>escribe these new services or<br>organization cease conduct<br>escribe these changes on So<br>the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any<br>) (Expenses \$  | on Schedule O.<br>ting, or make signif<br>chedule O.<br>service accomplishr<br>1(c)(4) organizations<br>/, for each program se   | icant changes in he<br>nents for each of its<br>are required to repo  | ow it conducts, any progr<br>s three largest program se                               | Yes X No<br>ram<br>Yes X No<br>rvices, as measured t         |
| prior Forr<br>If "Yes," d<br>3 Did the<br>services?<br>If "Yes," d<br>4 Describe<br>expenses<br>the total d<br>4 (Code:   | n 990 or 990-EZ?<br>escribe these new services or<br>organization cease conduct<br>escribe these changes on So<br>the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any<br>) (Expenses \$  | on Schedule O.<br>ting, or make signif<br>chedule O.<br>service accomplishr<br>1(c)(4) organizations<br>/, for each program se   | icant changes in he<br>nents for each of its<br>are required to repo  | ow it conducts, any progr<br>s three largest program se                               | Yes X No<br>ram<br>Yes X No<br>rvices, as measured t         |
| <ul> <li>3 Did the services?, If "Yes," d</li> <li>4 Describe expenses the total e</li> <li>4a (Code:</li></ul>   | organization cease conduct<br>escribe these changes on So<br>the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any<br>) (Expenses \$)<br>(Expenses \$)   | ting, or make signif<br>chedule O.<br>service accomplishr<br>1(c)(4) organizations<br>/, for each program se   | nents for each of its<br>are required to repo   | s three largest program se  | Yes X No   |
| 4 Describe<br>expenses<br>the total of<br>4a (Code:   | the organization's program<br>. Section 501(c)(3) and 50<br>expenses, and revenue, if any<br>) (Expenses \$  | service accomplishr<br>1(c)(4) organizations<br>/, for each program se   | are required to repo  |   |  |
| <b>4a</b> (Code:  | )(Expenses \$)<br>MPTY STOCKING FUND (   |  | ervice reported.  |   |  |
| THE EN  | APTY STOCKING FUND (   | 1,966,552. including   |   |   |  |
|   |  |  | grants of \$ 1,   | 329,985. ) (Revenue \$  | 404,531. )   |
|   | CD. AND RELIEF AND I   |  |   |   |  |
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|   | <u>FUNITY TO SHOP FOR T</u><br>G THE HOLIDAY SEASON  |  |   |   |  |
|   | ZATION PROVIDES SCH  |  |   | •   |  |
|   | TITLE 1 SCHOOLS. IN  |  |   |   |  |
|   | NT SUPPLY KITS AND 2   |  |   |   |  |
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| TEACHI  | ERS.   |  |   |   |  |
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|   |  |  |   |   |  |
| 4b (Code:   | ) (Expenses \$   | including  | grants of \$  | ) (Revenue \$   | )  |
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|   |  |  |   |   |  |
| 4c (Code:   | ) (Expenses \$   | including  | grants of \$  | ) (Revenue \$   | )  |
| `   |  |  | <b>.</b>  | /   | ,  |
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|   | gram services (Describe on   |  |   | ¢ ``  |  |
| (Expense  | s \$ including<br>gram service expenses  | g grants of \$   | ) (Revenue  | ۵ )   |  |
| <b>4e</b> Total prog<br>JSA<br>3E1020 2.000   |  | 1,966,552.   |   |   | Form <b>990</b> (202   |

Form 990 (2023)

| Part          | V 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            |        | v   |        |
| 2             | complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions    |        | X   |        |
|               | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition t        |        |     |        |
| 3             | candidates for public office? If "Yes," complete Schedule C, Part I  |        |     | v      |
| 4             | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(f           |        |     | X      |
| 4             | 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 due             |        |     |        |
| 5             | assessments, or similar amounts as defined in Rev. Proc. 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 donor                 |        |     |        |
| U             | have the right to provide advice on the distribution or investment of amounts in such funds or accounts?               |        |     |        |
|               | "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      |        |     |        |
| Ū             | 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          |        |     |        |
| •             | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, o            |        |     |        |
|               | debt negotiation services? If "Yes," complete Schedule D, Part IV  |        |     | x      |
| 10            | Did the organization, directly or through a related organization, hold assets in donor-restricted endowment            |        |     |        |
|               | or in 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 V             |        |     |        |
|               | VII, VIII, IX, or X, as applicable.  | -,     |     |        |
| а             | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes                   | s."    |     |        |
|               | 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 mor           |        |     |        |
|               | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII                               |        |     | x      |
| с             | Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or mor            |        |     |        |
|               | 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 asse        |        |     |        |
|               | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX  |        |     | x      |
| е             | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X  |        |     | Х      |
|               | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresse |        |     |        |
|               | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | . 11f  | X   |        |
| 12 a          | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," compl       | əte    |     |        |
|               | Schedule D, Parts XI and XII.  | . 12a  | X   |        |
| b             | Was the organization included in consolidated, independent audited financial statements for the tax year?              | lf     |     |        |
|               | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is option       | al 12b |     | Х      |
| 13            | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.                     | 13     |     | Х      |
| 14 a          | Did the organization maintain an office, employees, or agents outside of the United States?                            | . 14a  |     | Х      |
| b             | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking                        | J,     |     |        |
|               | fundraising, business, investment, and program service activities outside the United States, or aggregat               | e      |     |        |
|               | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV                         | . 14b  |     | Х      |
| 15            | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to o       | or     |     |        |
|               | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   |        |     | Х      |
| 16            | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or othe              | ۶r     |     |        |
|               | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV                              | . 16   |     | Х      |
| 17            | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services o          | n      |     |        |
|               | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions                          | . 17   |     | Х      |
| 18            | Did the organization report more than \$15,000 total of fundraising event gross income and contributions o             | n      |     |        |
|               | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II   | . 18   |     | Х      |
| 19            | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a            | i?     |     |        |
|               | If "Yes," complete Schedule G, Part III  |        |     | X      |
| 20 a          | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H                            |        |     | Х      |
|               | 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               | ı or   |     |        |
|               | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II                      | . 21   |     | Х      |
| JSA<br>3E1021 |  |        | 990 | (2023) |
|               | 6904 RW 9242 12/06/2024 07: 23:03 V23-7:10 16058 01 COF 1  |        |     |        |

Page **3** 

| Form 9        | 90 (2023)  |      | F   | Page <b>4</b> |
|---------------|--|------|-----|---------------|
| Part          | V 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  | 22   | X   |               |
| 23            | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the   |      |     |               |
|               | organization's current and former officers, directors, trustees, key employees, and highest compensated  |      |     |               |
| 04.5          | employees? If "Yes," complete Schedule J   | 23   |     | _X            |
| 24 a          | 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? <i>If "Yes," answer lines 24b</i>   |      |     |               |
|               | through 24d and complete Schedule K. If "No," go to line 25a   | 24a  |     | Х             |
| h             | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b  |     |               |
|               | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  | 240  |     |               |
| •             | to defease any tax-exempt bonds?   | 24c  |     |               |
| d             | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d  |     |               |
|               | 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  | 25a  |     | Х             |
| 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  | 25b  |     | Х             |
| 26            | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current  |      |     |               |
|               | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%  |      |     |               |
|               | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  | 26   |     | X             |
| 27            | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  |      |     |               |
|               | employee, creator or founder, substantial contributor or employee thereof, a grant selection committee   |      |     |               |
|               | member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>   | 27   |     | Х             |
| 28            | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L,   | 21   |     |               |
| 20            | Part IV, instructions for applicable filing thresholds, conditions, and exceptions).   |      |     |               |
| а             | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>  |      |     |               |
|               | "Yes," complete Schedule L, Part IV  | 28a  |     | Х             |
| b             | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV  | 28b  |     | Х             |
| С             | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   |      |     |               |
|               | "Yes," complete Schedule L, Part IV  | 28c  |     | Х             |
| 29            | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  | 29   | Х   |               |
| 30            | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |      |     |               |
|               | conservation contributions? If "Yes," complete Schedule M  | 30   |     | X             |
| 31            | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31   |     | X             |
| 32            | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |      |     | 37            |
| 22            | <i>complete Schedule N, Part II</i> .<br>Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  | 32   |     | _X            |
| 33            | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33   |     | Х             |
| 34            | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   | 55   |     |               |
| •             | or IV, and Part V, line 1.   | 34   |     | х             |
| 35 a          | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a  |     | Х             |
|               | 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  | 35b  |     |               |
| 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.   | 36   |     | 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   | 37   |     | X             |
| 38            | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and   |      |     |               |
| Dort          | 19? Note: All Form 990 filers are required to complete Schedule O  | 38   | Х   |               |
| Part          | V Statements Regarding Other IRS Filings and Tax Compliance<br>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   |      |     |               |
|               | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> NONE   |      |     |               |
|               | Did the organization comply with backup withholding rules for reportable payments to vendors and   |      |     |               |
|               |  | 1c   | Х   |               |
| JSA<br>3E1030 | reportable gaming (gambling) winnings to prize winners?  | Form | 990 | (2023)        |
|               | $\underset{6904\text{RW}}{\overset{1.000}{\text{9242}}} \begin{array}{c} \text{PUBLIC}_{12/06/2024} \\ \text{WBLIC}_{12/06/2024} \\ \text{WBLIC}_{12/0$ |      |     |               |

### EMPTY STOCKING FUND INC

Form 990 (2023)

Page 5

| Par  | t 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 5                                   |     |     |    |  |  |  |  |
| b    | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                       | 2b  | Х   |    |  |  |  |  |
|      | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | 3a  |     | Х  |  |  |  |  |
| b    | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                          | 3b  |     |    |  |  |  |  |
| 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)?                   | 4a  |     | Х  |  |  |  |  |
| b    | If "Yes," enter the name of the foreign country  |     |     |    |  |  |  |  |
|      | 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?                                | 5a  |     | Х  |  |  |  |  |
|      | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                     | 5b  |     | Х  |  |  |  |  |
|      | <b>c</b> 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?                                     | 6a  |     | Х  |  |  |  |  |
| b    | If "Yes," did the organization include with every solicitation an express statement that such contributions or                       |     |     |    |  |  |  |  |
|      | gifts were not tax deductible?   | 6b  |     |    |  |  |  |  |
| 7    | Organizations that may receive deductible contributions under section 170(c).  |     |     |    |  |  |  |  |
|      | 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?  | 7a  |     | Х  |  |  |  |  |
| b    | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                      | 7b  |     |    |  |  |  |  |
|      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was                             |     |     |    |  |  |  |  |
|      | required to file Form 8282?  | 7c  |     | Х  |  |  |  |  |
| d    | If "Yes," indicate the number of Forms 8282 filed during the year  |     |     |    |  |  |  |  |
|      | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                      | 7e  |     | Х  |  |  |  |  |
|      | f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                       |     |     |    |  |  |  |  |
|      | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |     |     |    |  |  |  |  |
| -    | h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? |     |     |    |  |  |  |  |
| 8    |  |     |     |    |  |  |  |  |
|      | sponsoring organization have excess business holdings at any time during the year?   |     |     |    |  |  |  |  |
| 9    | Sponsoring organizations maintaining donor advised funds.  |     |     |    |  |  |  |  |
|      | Did the sponsoring organization make any taxable distributions under section 4966?   | 9a  |     |    |  |  |  |  |
|      | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                    | 9b  |     |    |  |  |  |  |
| 10   | Section 501(c)(7) organizations. Enter:  |     |     |    |  |  |  |  |
| а    | Initiation fees and capital contributions included on Part VIII, line 12 10a   |     |     |    |  |  |  |  |
|      | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b                                      |     |     |    |  |  |  |  |
| 11   | Section 501(c)(12) organizations. Enter:   |     |     |    |  |  |  |  |
|      | Gross income from members or shareholders  |     |     |    |  |  |  |  |
| b    | Gross income from other sources. (Do not net amounts due or paid to other sources  |     |     |    |  |  |  |  |
|      | against amounts due or received from them.)  |     |     |    |  |  |  |  |
| 12 a | 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.   |     |     |    |  |  |  |  |
| а    | Is the organization licensed to issue qualified health plans in more than one state?   | 13a |     |    |  |  |  |  |
|      | Note: See the instructions for additional information the organization must report on Schedule O.                                    |     |     |    |  |  |  |  |
| 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   |     |     |    |  |  |  |  |
| С    | Enter the amount of reserves on hand   |     |     |    |  |  |  |  |
|      | Did the organization receive any payments for indoor tanning services during the tax year?   | 14a |     | Х  |  |  |  |  |
| b    | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?   | 15  |     | X  |  |  |  |  |
|      | If "Yes," see the instructions and file Form 4720, Schedule N.   |     |     |    |  |  |  |  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                      | 16  |     | X  |  |  |  |  |
|      | If "Yes," complete Form 4720, Schedule O.  |     |     |    |  |  |  |  |
| 17   | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities                        |     |     |    |  |  |  |  |
|      | that would result in the imposition of an excise tax under section 4951, 4952, or 4953?  | 17  |     |    |  |  |  |  |
|      | If "Yes," complete Form 6069.  |     |     |    |  |  |  |  |

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| Form 9        | 990 (2023 | B) EMPTY STOCKING FUND INC 23-71  | 59125    | I      | Page <b>6</b> |
|---------------|-----------|---|----------|--------|---------------|
| Part          | t VI      | Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below   | w, and   | for a  | "No"          |
|               |           | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule (  |          |        | tions.        |
|               |           | Check if Schedule O contains a response or note to any line in this Part VI   |          |        | Х             |
| Sect          |           | Governing Body and Management   |          |        |               |
|               |           |   |          | Yes    | No            |
| 1a            | Enter     | the number of voting members of the governing body at the end of the tax year   | 8        |        |               |
|               | If ther   | e 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   |          |        |               |
| b             |           | ittee, explain on Schedule O.<br>the number of voting members included on line 1a, above, who are independent   | 8        |        |               |
| 2             |           | ny officer, director, trustee, or key employee have a family relationship or a business relationship with   |          |        |               |
| -             |           | her officer, director, trustee, or key employee?  | 2        |        | Х             |
| 3             |           | e organization delegate control over management duties customarily performed by or under the direc  | t        |        |               |
| •             |           | vision of officers, directors, trustees, or key employees to a management company or other person?  | 3        |        | Х             |
| 4             |           | e organization make any significant changes to its governing documents since the prior Form 990 was filed?  | 4        |        | Х             |
| 5             |           | e organization become aware during the year of a significant diversion of the organization's assets?  | 5        |        | х             |
| 6             |           | e organization have members or stockholders?  | 6        |        | x             |
| 7a            |           | e organization have members, stockholders, or other persons who had the power to elect or appoir  | +        |        |               |
| 74            |           | more members of the governing body?   | ່ 7a     |        | х             |
| h             |           | ny governance decisions of the organization reserved to (or subject to approval by) members   |          |        |               |
| b             |           | nolders, or persons other than the governing body?  | ,<br>7b  |        | x             |
| 8             |           | e organization contemporaneously document the meetings held or written actions undertaken during  |          |        |               |
| 0             |           |   | ,        |        |               |
|               | -         | ar by the following:  | 8a       | x      |               |
| a<br>h        |           | overning body?  | 8b       | X      |               |
| ь<br>9        |           | e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a  |          |        |               |
| 9             |           | ganization's mailing address? If "Yes," provide the names and addresses on Schedule O   |          |        | x             |
| Secti         |           | Policies (This Section B requests information about policies not required by the Internal Revenu  |          | • )    |               |
|               |           |   | <u></u>  | Yes    | No            |
| 102           | Did th    | e organization have local chapters, branches, or affiliates?  | 10a      |        | x             |
|               |           | s," did the organization have written policies and procedures governing the activities of such chapters   |          |        |               |
| b             |           | es, and branches to ensure their operations are consistent with the organization's exempt purposes?   | ,<br>10b |        |               |
| 110           |           | e organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?   | 11a      | X      |               |
| -             |           | ibe on Schedule O the process, if any, used by the organization to review this Form 990.  |          |        |               |
| b<br>120      |           | e organization have a written conflict of interest policy? If "No," go to line 13   | 12a      | x      |               |
| 12a           |           | officers, directors, or trustees, and key employees required to disclose annually interests that could give   |          |        |               |
| U             |           |   | 12b      | x      |               |
| •             |           | conflicts?  |          |        |               |
| С             |           | be on Schedule O how this was done  | 12c      | x      |               |
| 10            |           | e organization have a written whistleblower policy?   | 13       | X      |               |
| 13            |           | e organization have a written document retention and destruction policy?  | 14       | X      |               |
| 14<br>15      |           |   |          |        |               |
| 15            |           | e process for determining compensation of the following persons include a review and approval b   |          |        |               |
| _             |           | endent persons, comparability data, and contemporaneous substantiation of the deliberation and decision   | 15a      | x      |               |
| a             |           | rganization's CEO, Executive Director, or top management official   | 15b      | X      |               |
| b             |           | officers or key employees of the organization   | 150      |        |               |
| 40.           |           | " to line 15a or 15b, describe the process on Schedule O. See instructions.   |          |        |               |
| 16a           |           | e organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  | 16a      |        | x             |
|               |           | taxable entity during the year?   |          |        |               |
| b             |           | s," did the organization follow a written policy or procedure requiring the organization to evaluate it   |          |        |               |
|               |           | pation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the zation's exempt status with respect to such arrangements?  |          |        |               |
| Socti         |           | Disclosure  | 100      |        |               |
|               |           |   |          |        |               |
| 17            |           | e states with which a copy of this Form 990 is required to be filed <u>GA</u> ,   |          |        |               |
| 18            | (3)s oi   | n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990<br>hly) available for public inspection. Indicate how you made these available. Check all that apply.<br>Dwn website Another's website X Upon request Other <i>(explain on Schedule O)</i> | ı-ı (sec | tion 5 | 01(C)         |
| 19            | Descr     | be on Schedule O whether (and if so, how) the organization made its governing documents, conflict   | of inte  | rest r | olicy         |
|               |           | nancial statements available to the public during the tax year.   |          | 1      | <b>.</b> ,    |
| 20            |           | the name, address, and telephone number of the person who possesses the organization's books and reco   | ords.    |        |               |
|               |           | Y STOCKING FUND INC 693 HUMPHRIES STREET ATLANTA, GA 30310  |          |        |               |
| 10.4          |           | 876-8697  | Form     | 990    | (2023)        |
| JSA<br>3E1042 | 2.000     |   |          |        |               |
|               | 6904      | RW 9242 12/06/2024 07:23:03 V23-7!10-16058 VIN COI I  |          |        |               |

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| Name and tile         Average<br>hours         Gan of the km core han one<br>box unless genors is both in<br>organizations         Reportable<br>compensation<br>from the<br>organizations         Estimated amount<br>compensation<br>from the<br>organizations         Estimated amount<br>compensation<br>from the<br>organizations         Estimated amount<br>compensation<br>from the<br>organizations         Estimated amount<br>compensation<br>from the<br>organizations         Estimated<br>compensation<br>from the<br>organizations           (1) MANDA HUNT         40.00         X         125,000.         NONE         14,094.           (2) BARBAR ELALOCK         40.00         X         75,000.         NONE         5,864.           (3) SUSAN GUIMBELLOT         1.00         X         NONE         NONE         NONE         NONE           (4) RAMLINS JOERRES         1.00         X         NONE         NONE         NONE         NONE         NONE           (3) SUSAN GUIMBELLOT         1.00         X         NONE         NONE         NONE         NONE         NONE           (4) RAMLINS JOERRES         1.00         X         NONE         NONE         NONE  | (A)                            | (B)   | <b>(C)</b><br>Position  |        |      |       | (D)      | (E) | (F)      |      |          |
|---|--------------------------------|-------|-------------------------|--------|------|-------|----------|-----|----------|------|----------|
| bourse<br>bourse bour, unless person is both an<br>officer and advector/future<br>in the organizations (W.2)<br>(1099-NEC)compensation<br>from the<br>organizations (W.2)<br>(1099-NEC)(1) MANDA HUNT40.00XX125,000NONE14,094.(2) BARBARA BLALOCK40.00XX125,000NONE14,094.(3) SUSAN GUIMEELLOT1.00XX5000NONE5,864.(4) RAWLINGS JOERRES1.00XXNONENONENONE(5) JAINE MCMURTRIE1.00XXNONENONENONE(6) KARIN BURSA1.00XXNONENONENONE(7) JENNIFER COMART1.00XXNONENONENONE(9) SARA MILLER1.00XXNONENONENONE(10) KRISTINE JORDAN1.00XXNONENONENONE(10) KRISTI  |                                |       | (do not check more than |        |      |       | e than c | one |          |      | .,       |
| Image: first arry related organizations (W2) related organizations (W2) related organizations (W2) (1099-MISC)         organizations (W2) (W2)   |                                | 0     | box,                    | unles  | s pe | rson  | is both  | an  |          |      | of other |
| hours for<br>period<br>organizations<br>below<br>doted line)         a b<br>below<br>below<br>doted line)         a b<br>below<br>below<br>doted line)         a b<br>below<br>below<br>below<br>doted line)         a b<br>below<br>below<br>below<br>doted line)         a b<br>below<br>below<br>below<br>doted line)         a b<br>below<br>below<br>below<br>below<br>doted line)         a b<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>below<br>bel |                                | 1 ·   | office                  | er and | lad  | irect | or/trust | ee) |          |      |          |
| (1) MANDA HUNT     40.00     x     125,000.     NONE     14,094.       (2) BARBARA BLALOCK     40.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (4) RAWLINGS JOERRES     1.00     x     NONE     NONE     NONE       (5) JAIME MCMURTRIE     1.00     x     NONE     NONE     NONE       (6) KARIN BURSA     1.00     x     NONE     NONE     NONE       (7) JENIFIER COWART     1.00     x     NONE     NONE     NONE       (7) JENIFIER COWART     1.00     x     NONE     NONE     NONE       (9) SARA MILLER     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (9) SARA MILLER     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE       (10) KRISTINE JORDAN     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE   |                                |       | Indi<br>or d            | Inst   | Offi | Key   | High     | Fon |          |      |          |
| (1) MANDA HUNT     40.00     x     125,000.     NONE     14,094.       (2) BARBARA BLALOCK     40.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (4) RAWLINGS JOERRES     1.00     x     NONE     NONE     NONE       (5) JAIME MCMURTRIE     1.00     x     NONE     NONE     NONE       (6) KARIN BURSA     1.00     x     NONE     NONE     NONE       (7) JENNIFER COWART     1.00     x     NONE     NONE     NONE       (7) JENNIFER COWART     1.00     x     NONE     NONE     NONE       (9) SARA MILLER     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (10) KRISTINE JORDAN     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE       (11) SANDEEP KHARIDHI     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE </td <td></td> <td></td> <td>lirec</td> <td>itutio</td> <td>cer</td> <td>emp</td> <td>nest</td> <td>ner</td> <td></td> <td></td> <td>-</td>   |                                |       | lirec                   | itutio | cer  | emp   | nest     | ner |          |      | -        |
| (1) MANDA HUNT     40.00     x     125,000.     NONE     14,094.       (2) BARBARA BLALOCK     40.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (4) RAWLINGS JOERRES     1.00     x     NONE     NONE     NONE       (5) JAIME MCMURTRIE     1.00     x     NONE     NONE     NONE       (6) KARIN BURSA     1.00     x     NONE     NONE     NONE       (7) JENNIFER COWART     1.00     x     NONE     NONE     NONE       (7) JENNIFER COWART     1.00     x     NONE     NONE     NONE       (9) SARA MILLER     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (10) KRISTINE JORDAN     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE       (11) SANDEEP KHARIDHI     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE </td <td></td> <td></td> <td>al tr</td> <td>onal</td> <td></td> <td>ploye</td> <td>е ол</td> <td></td> <td></td> <td></td> <td></td>  |                                |       | al tr                   | onal   |      | ploye | е ол     |     |          |      |          |
| (1) MANDA HUNT     40.00     x     125,000.     NONE     14,094.       (2) BARBARA BLALOCK     40.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (4) RAWLINGS JOERRES     1.00     x     NONE     NONE     NONE       (5) JAIME MCMURTRIE     1.00     x     NONE     NONE     NONE       (6) KARIN BURSA     1.00     x     NONE     NONE     NONE       (7) JENNIFER COWART     1.00     x     NONE     NONE     NONE       (7) JENNIFER COWART     1.00     x     NONE     NONE     NONE       (9) SARA MILLER     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (10) KRISTINE JORDAN     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE       (11) SANDEEP KHARIDHI     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE </td <td></td> <td></td> <td>Jste</td> <td>trus</td> <td></td> <td>e</td> <td>Ipen</td> <td></td> <td></td> <td></td> <td></td>   |                                |       | Jste                    | trus   |      | e     | Ipen     |     |          |      |          |
| (1) MANDA HUNT     40.00     x     125,000.     NONE     14,094.       (2) BARBARA BLALOCK     40.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     75,000.     NONE     5,864.       (3) SUSAN GUIMBELLOT     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (4) RAWLINGS JOERRES     1.00     x     NONE     NONE     NONE       (5) JAIME MCMURTRIE     1.00     x     NONE     NONE     NONE       (6) KARIN BURSA     1.00     x     NONE     NONE     NONE       (7) JENNIFER COWART     1.00     x     NONE     NONE     NONE       (7) JENNIFER COWART     1.00     x     NONE     NONE     NONE       (9) SARA MILLER     1.00     x     NONE     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE     NONE       (10) KRISTINE JORDAN     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE       (11) SANDEEP KHARIDHI     1.00     x     NONE     NONE       DIRECTOR     NONE     x     NONE     NONE </td <td></td> <td></td> <td>œ</td> <td>tee</td> <td></td> <td></td> <td>satec</td> <td></td> <td></td> <td></td> <td></td>   |                                |       | œ                       | tee    |      |       | satec    |     |          |      |          |
| LikeCUTIVE DIRECTOR (- JAN 24')NONEX125,000.NONE14,094.(2) BARBARA BLALOCK40.00X75,000.NONE14,094.(2) BARBARA BLALOCK40.00X75,000.NONE5,864.(3) SUSAN GUIMBELLOT1.00X75,000.NONE5,864.DIRECTORNONEXNONENONENONENONEDIRECTORNONEXNONENONENONENONE(4) RAWLINGS JOERRES1.00Image: Comparison of the state of the s  |                                |       |                         |        |      |       |          |     |          |      |          |
| (2) BARBARA BLALOCK40.00<br>EXECUTIVE DIRECTOR (OCT 23' -)NONEX75,000.NONE5,864.(3) SUSAN GUIMBELLOT1.00NONENONENONENONENONENONEDIRECTORNONEXNONENONENONENONENONE(4) RAWLINGS JOERRES1.00DIRECTORNONENONENONENONEDIRECTORNONE1.00DIRECTORNONENONENONENONE(6) KARIN BURSA1.00DIRECTORNONENONENONENONENONEDIRECTORNONEXNONENONENONENONENONE(6) KARIN BURSA1.00DIRECTORNONENONENONENONENONEDIRECTORNONEXNONENONENONENONENONENONE(7) JENNIFER COWART1.00DIRECTORNONENONENONENONENONENONE(9) SARA MILLER1.00DIRECTORNONE <td>(1) MANDA HUNT</td> <td>40.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>  | (1) MANDA HUNT                 | 40.00 |                         |        |      |       |          |     |          |      |          |
| EXECUTIVE DIRECTOR (OCT 23' -)NONEX75,000.NONE5,864.(3) SUSAN GUIMBELLOT1.00NONENONENONENONENONENONEDIRECTORNONEXNONENONENONENONENONE(4) RAWLINGS JOERRES1.00NONENONENONENONENONEDIRECTORNONEXNONENONENONENONEDIRECTORNONEXNONENONENONENONEDIRECTORNONEXNONENONENONENONEDIRECTORNONEXNONENONENONENONEDIRECTORNONEXNONENONENONENONEDIRECTORNONEXNONENONENONENONE(7) JENNIFER COWART1.00 </td <td>EXECUTIVE DIRECTOR (- JAN 24')</td> <td>NONE</td> <td></td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>125,000.</td> <td>NONE</td> <td>14,094.</td>   | EXECUTIVE DIRECTOR (- JAN 24') | NONE  |                         |        | Х    |       |          |     | 125,000. | NONE | 14,094.  |
| (3) SUSAN GUIMBELLOT1.00<br>NONEXNONENONENONEDIRECTORNONEXNONENONENONE(4) RAWLINGS JOERRES1.00<br>DIRECTORNONENONENONENONE(5) JAIME MCMURTRIE1.00<br>DIRECTORNONENONENONENONE(6) KARIN BURSA1.00<br>DIRECTORNONENONENONENONE(7) JENNIFER COWART1.00<br>DIRECTORNONENONENONENONE(7) JENNIFER COWART1.00<br>DIRECTORNONENONENONENONE(8) NATHAN CUNNINGHAM1.00<br>DIRECTORNONENONENONENONE(9) SARA MILLER1.00<br>DIRECTORNONENONENONENONE(10) KRISTINE JORDAN1.00<br>DIRECTORNONENONENONENONE(11) SANDEEP KHARIDHI1.00<br>DIRECTORNONENONENONENONE(12) BETH LITTLE1.00<br>TREASURERNONEXNONENONENONE(13) JOSEPH MANUSAKIS1.00<br>VICE CHAIRNONEXNONENONENONEVICE CHAIRNONEXXNONENONENONENONE   | (2) BARBARA BLALOCK            | 40.00 |                         |        |      |       |          |     |          |      |          |
| JIRECTORNONEXNONENONENONENONENONENONE(4) RAWLINGS JOERRES1.00NONEXNONENONENONENONEDIRECTORNONE1.00NONENONENONENONENONE(6) KARIN BURSA1.00Image: Constraint of the state of the  | EXECUTIVE DIRECTOR (OCT 23' -) | NONE  |                         |        | Х    |       |          |     | 75,000.  | NONE | 5,864.   |
| (4) RAWLINGS JOERRES1.00<br>NONENONENONENONENONEDIRECTORNONE1.00NONENONENONENONE(5) JAIME MCMURTRIE1.00NONENONENONENONEDIRECTORNONEXNONENONENONE(6) KARIN BURSA1.00NONENONENONENONE(7) JENNIFER COWART1.00NONENONENONENONE(8) NATHAN CUNNINGHAM1.00NONENONENONENONEDIRECTORNONEXNONENONENONE(9) SARA MILLER1.00NONENONENONENONE(10) KRISTINE JORDAN1.00XNONENONENONE(11) SANDEEP KHARIDHI1.00XNONENONENONE(12) BETH LITTLE1.00XNONENONENONE(13) JOSEPH MANUSAKIS1.00XNONENONENONE(14) BRIAN NEALON1.00XXNONENONEVICE CHAIRNONEXXNONENONENONE  | (3) SUSAN GUIMBELLOT           | 1.00  |                         |        |      |       |          |     |          |      |          |
| DIRECTORNONEXNONENONENONENONENONE(5) JAIME MCMURTRIE1.001.0000000DIRECTORNONEXNONENONENONE000(6) KARIN BURSA1.000 <t< td=""><td>DIRECTOR</td><td>NONE</td><td>Х</td><td></td><td></td><td></td><td></td><td></td><td>NONE</td><td>NONE</td><td>NONE</td></t<>   | DIRECTOR                       | NONE  | Х                       |        |      |       |          |     | NONE     | NONE | NONE     |
| (5) JAIME MCMURTRIE1.00<br>DIRECTORNONEXNONENONENONE(6) KARIN BURSA1.00<br>DIRECTOR1.00<br>DIRECTORNONEXNONENONENONE(7) JENNIFER COWART1.00<br>DIRECTORNONEXNONENONENONE(8) NATHAN CUNNINGHAM1.00<br>DIRECTORNONENONENONENONENONE(9) SARA MILLER1.00<br>DIRECTORNONEXNONENONENONE(10) KRISTINE JORDAN1.00<br>DIRECTORNONEXNONENONENONE(11) SANDEEP KHARIDHI1.00<br>DIRECTORNONEXNONENONENONE(12) BETH LITTLE1.00<br>TREASURERNONEXNONENONENONE(14) BRIAN NEALON1.00<br>VICE CHAIRNONEXXNONENONEVICE CHAIRNONEXXNONENONENONE   | (4) RAWLINGS JOERRES           | 1.00  |                         |        |      |       |          |     |          |      |          |
| DIRECTORNONEXNONENONENONENONE(6) KARIN BURSA1.00DIRECTORNONEXNONENONENONE(7) JENNIFER COWART1.00NONENONENONENONE(7) JENNIFER COWART1.00NONENONENONENONEDIRECTORNONEXNONENONENONE(8) NATHAN CUNNINGHAM1.00NONENONENONENONEDIRECTORNONEXNONENONENONE(9) SARA MILLER1.00NONENONENONENONEDIRECTORNONEXNONENONENONE(10) KRISTINE JORDAN1.00NONENONENONENONE(11) SANDEEP KHARIDHI1.00NONENONENONENONEJIECTORNONEXXNONENONENONE(12) BETH LITTLE1.00SECRETARYNONEXXNONENONE(13) JOSEPH MANUSAKIS1.00TREASURERNONENONENONENONENONE(14) BRIAN NEALON1.00NONEXXNONENONENONENONEVICE CHAIRNONEXXNONENONENONENONENONE  | DIRECTOR                       | NONE  | Х                       |        |      |       |          |     | NONE     | NONE | NONE     |
| (6) KARIN BURSA1.00<br>DIRECTORNONEXNONENONE(7) JENNIFER COWART1.00<br>DIRECTORNONENONENONENONE(8) NATHAN CUNNINGHAM1.00<br>DIRECTORNONENONENONENONE(9) SARA MILLER1.00<br>DIRECTORNONENONENONENONE(10) KRISTINE JORDAN1.00<br>CHAIRMANNONEXNONENONENONE(11) SANDEEP KHARIDHI1.00<br>DIRECTORNONEXNONENONENONE(12) BETH LITTLE1.00<br>TREASURERXNONENONENONENONE(14) BRIAN NEALON1.00<br>VICE CHAIR1.00<br>NONEXXNONENONEVICE CHAIRNONEXXNONENONENONE   | (5) JAIME MCMURTRIE            | 1.00  |                         |        |      |       |          |     |          |      |          |
| DIRECTORNONEXNONENONENONENONENONENONE(7) JENNIFER COWART1.00NONENONENONENONENONENONEDIRECTORNONEXNONENONENONENONENONE(8) NATHAN CUNNINGHAM1.00NONENONENONENONENONEDIRECTORNONEXNONENONENONENONENONE(9) SARA MILLER1.00NONENONENONENONENONENONEDIRECTORNONEXNONENONENONENONENONENONE(10) KRISTINE JORDAN1.00XXNONENONENONENONE(11) SANDEEP KHARIDHI1.00XXNONENONENONENONEDIRECTORNONEXXNONENONENONENONENONE(12) BETH LITTLE1.00XXNONENONENONENONE(13) JOSEPH MANUSAKIS1.00XXNONENONENONE(14) BRIAN NEALON1.00XXNONENONENONENONEVICE CHAIRNONEXXNONENONENONENONE  | DIRECTOR                       | NONE  | Х                       |        |      |       |          |     | NONE     | NONE | NONE     |
| (7) JENNIFER COWART1.00<br>DIRECTORXNONENONENONE(8) NATHAN CUNNINGHAM1.00<br>DIRECTORNONENONENONENONE(9) SARA MILLER1.00<br>DIRECTORNONENONENONENONE(10) KRISTINE JORDAN1.00<br>CHAIRMANNONEXNONENONENONE(11) SANDEEP KHARIDHI1.00<br>DIRECTORNONENONENONENONENONE(12) BETH LITTLE1.00<br>SECRETARYNONEXXNONENONENONE(13) JOSEPH MANUSAKIS1.00<br>TREASURERNONEXXNONENONENONE(14) BRIAN NEALON1.00<br>VICE CHAIRNONEXXNONENONENONE  | (6) KARIN BURSA                | 1.00  |                         |        |      |       |          |     |          |      |          |
| DIRECTORNONEXNONENONENONENONENONE(8) NATHAN CUNNINGHAM1.00NONENONENONENONENONEDIRECTORNONEXNONENONENONENONE(9) SARA MILLER1.00NONENONENONENONEDIRECTORNONEXNONENONENONE(10) KRISTINE JORDAN1.00 </td <td>DIRECTOR</td> <td>NONE</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>   | DIRECTOR                       | NONE  | Х                       |        |      |       |          |     | NONE     | NONE | NONE     |
| (8) NATHAN CUNNINGHAM1.00<br>NONEXNONENONENONEDIRECTORNONE1.00NONENONENONENONE(9) SARA MILLER1.00XNONENONENONEDIRECTORNONEXNONENONENONE(10) KRISTINE JORDAN1.00XXNONENONE(11) SANDEEP KHARIDHI1.00XXNONENONEDIRECTORNONEXXNONENONE(12) BETH LITTLE1.00XXNONENONESECRETARYNONEXXNONENONE(13) JOSEPH MANUSAKIS1.00XXNONENONE(14) BRIAN NEALON1.00XXNONENONEVICE CHAIRNONEXXNONENONENONE   |                                | 1.00  | -                       |        |      |       |          |     |          |      |          |
| DIRECTORNONEXNONENONENONENONE(9) SARA MILLER1.00NONEXNONENONENONEDIRECTORNONEXNONENONENONENONE(10) KRISTINE JORDAN1.00XXNONENONENONE(11) SANDEEP KHARIDHI1.00XXNONENONENONEDIRECTORNONEXXNONENONENONE(11) SANDEEP KHARIDHI1.00IIIIDIRECTORNONEXXNONENONENONE(12) BETH LITTLE1.00IIIIISECRETARYNONEXXNONENONENONE(13) JOSEPH MANUSAKIS1.00IIIIITREASURERNONEXXNONENONENONE(14) BRIAN NEALON1.00XXNONENONENONEVICE CHAIRNONEXXNONENONENONE  | DIRECTOR                       | NONE  | Х                       |        |      |       |          |     | NONE     | NONE | NONE     |
| (9) SARA MILLER1.00NONENONENONENONENONENONENONEDIRECTORNONE1.001.00II<  | (8) NATHAN CUNNINGHAM          | 1.00  | -                       |        |      |       |          |     |          |      |          |
| DIRECTORNONEXNONENONENONENONENONE(10) KRISTINE JORDAN1.001.00 </td <td>DIRECTOR</td> <td>NONE</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>   | DIRECTOR                       | NONE  | Х                       |        |      |       |          |     | NONE     | NONE | NONE     |
| (10) KRISTINE JORDAN1.00<br>NONEXXNONENONECHAIRMANNONENONEXXNONENONE(11) SANDEEP KHARIDHI1.00<br>DIRECTOR1.00<br>NONENONENONENONE(12) BETH LITTLE1.00<br>SECRETARY1.00<br>NONENONENONENONE(13) JOSEPH MANUSAKIS1.00<br>TREASURERNONEXXNONENONE(14) BRIAN NEALON1.00<br>VICE CHAIR1.00<br>NONEXXNONENONEVICE CHAIRNONEXXNONENONENONE   | (9) SARA MILLER                | 1.00  |                         |        |      |       |          |     |          |      |          |
| CHAIRMANNONEXXNONENONENONENONE(11) SANDEEP KHARIDHI1.001.00IIIIDIRECTORNONEXINONENONENONE(12) BETH LITTLE1.00IIIIISECRETARYNONEXXNONENONENONE(13) JOSEPH MANUSAKIS1.00IIIITREASURERNONEXXNONENONENONE(14) BRIAN NEALON1.00IIIIIVICE CHAIRNONEXXNONENONENONE   |                                | NONE  | X                       |        |      |       |          |     | NONE     | NONE | NONE     |
| (11) SANDEEP KHARIDHI1.00NONENONENONEDIRECTORNONEXNONENONENONE(12) BETH LITTLE1.00Image: Constraint of the state o   | (10) KRISTINE JORDAN           | 1.00  | -                       |        |      |       |          |     |          |      |          |
| DIRECTORNONEXNONENONENONENONENONE(12) BETH LITTLE1.001.00 </td <td>CHAIRMAN</td> <td>-</td> <td>X</td> <td></td> <td>Х</td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>   | CHAIRMAN                       | -     | X                       |        | Х    |       |          |     | NONE     | NONE | NONE     |
| (12) BETH LITTLE1.00XXNONENONESECRETARYNONEXXNONENONENONE(13) JOSEPH MANUSAKIS1.00IIIITREASURERNONEXXNONENONENONE(14) BRIAN NEALON1.00IIIIVICE CHAIRNONEXXNONENONENONE  | (11) SANDEEP KHARIDHI          | 1.00  | -                       |        |      |       |          |     |          |      |          |
| SECRETARYNONEXXNONENONENONENONE(13) JOSEPH MANUSAKIS1.001.00 </td <td></td> <td>NONE</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>NONE</td> <td>NONE</td> <td>NONE</td>  |                                | NONE  | X                       |        |      |       |          |     | NONE     | NONE | NONE     |
| (13) JOSEPH MANUSAKIS1.00XXNONENONENONETREASURERNONENONEXXNONENONENONE(14) BRIAN NEALON1.00XXXNONENONENONEVICE CHAIRNONEXXXNONENONENONE   | (12) BETH LITTLE               | 1.00  | -                       |        |      |       |          |     |          |      |          |
| TREASURERNONEXXNONENONENONE(14) BRIAN NEALON1.00VICE CHAIRNONEXXVICENONENONE  | SECRETARY                      | NONE  | Х                       |        | Х    |       |          |     | NONE     | NONE | NONE     |
| (14) BRIAN NEALON1.00XXNONENONEVICE CHAIRNONEXXXNONENONE  | (13) JOSEPH MANUSAKIS          | 1.00  | -                       |        |      |       |          |     |          |      |          |
| VICE CHAIR NONE X X NONE NONE NONE  | TREASURER                      | NONE  | X                       |        | Х    |       |          |     | NONE     | NONE | NONE     |
|   |                                |       | -                       |        |      |       |          |     |          |      |          |
|   | VICE CHAIR                     | NONE  | Х                       |        | Х    |       |          |     | NONE     | NONE |          |

Form 990 (2023)

JSA 3E1041 2.000

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### EMPTY STOCKING FUND INC

| art VII Section A. Officers, Directors, T<br>(A)<br>Name and title                                  | (B)<br>Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted<br>line) | (do i<br>box,                | not ch<br>unles | Pos<br>heck                   | c)<br>sition<br>more<br>erson<br>lirect | e than o<br>is both<br>or/trust | ne<br>an<br>ee) | <b>(D)</b><br>Reportable<br>compensation<br>from<br>the | (E)<br>Reportable<br>compensation fror<br>related<br>organizations | n a<br>co       | <b>(F)</b><br>(F)<br>Estimated<br>amount of<br>other<br>mpensati | of      |
|---|---|------------------------------|-----------------|-------------------------------|---|---------------------------------|-----------------|---|--|-----------------|--|---------|
| Name and title  | Average<br>hours per<br>week (list any<br>hours for<br>related<br>organizations<br>below dotted                 | box,<br>office               | unles<br>er and | Pos<br>heck<br>ss pe<br>d a d | ition<br>more<br>erson<br>lirect        | is both<br>or/trust             | an<br>ee)       | Reportable<br>compensation<br>from<br>the               | Reportable<br>compensation fror<br>related<br>organizations        | n a<br>co       | Estimated<br>amount of<br>other                                  | of      |
|   | organizations<br>below dotted   | Individual tr<br>or director | Institutio      | Office                        | Key                                     | en ⊒i                           | Л               |   |  |                 | •  | on      |
|   |   | ustee                        | onal trustee    | ər                            | Key employee                            | Highest compensated<br>employee | Former          | organization<br>(W-2/1099-MISC)                         | (W-2/1099-MISC   | )<br>or<br>a    | from the<br>ganizatio<br>nd related<br>ganization                | on<br>d |
| 5) <u>CHRISTINA MOYLAN</u><br>IRECTOR   | <u>1.00</u><br>NONE   | x                            |                 |                               |   |                                 |                 | NONE  | NON  | <b>.</b> г      |  | NON     |
| 6) C.J. STEWART   | 1.00  |                              |                 |                               |   |                                 |                 |   |  |                 |  |         |
| IRECTOR   | NONE  | x                            |                 |                               |   |                                 |                 | NONE  | NON  | ज               |  | NON     |
| 7) GERARD DASH  | 1.00  | - 21                         |                 |                               |   |                                 |                 | NONE  |  | -               |  |         |
| IRECTOR   | NONE  | x                            |                 |                               |   |                                 |                 | NONE  | NON  | <b>.</b>        |  | NON     |
| 8) BILL VOGEL   | 1.00  |                              |                 |                               |   |                                 |                 | NONE  | 1010   | -               |  | 1101    |
| IRECTOR   | NONE  | x                            |                 |                               |   |                                 |                 | NONE  | NON  | ъ.              |  | NON     |
| 9) FAITH WALKER   | 1.00  | - 21                         |                 |                               |   |                                 |                 | NONE  | 10010  |                 |  | 1101    |
| IRECTOR   | NONE  | x                            |                 |                               |   |                                 |                 | NONE  | NON  | <b>.</b>        |  | NON     |
| D) CASEY CHOATE   | 1.00  |                              |                 |                               |   |                                 |                 | NONE  | 1010   | -               |  | 1101    |
| IRECTOR   | ±.00-<br>NONE   | x                            |                 |                               |   |                                 |                 | NONE  | NON  | . E             |  | NOI     |
|   |   |                              |                 |                               |   |                                 |                 |   |  |                 |  | -       |
|   |   |                              |                 |                               |   |                                 |                 |   |  |                 |  |         |
|   |   |                              |                 |                               |   |                                 |                 |   |  |                 |  |         |
|   |   |                              |                 |                               |   |                                 |                 |   |  |                 |  |         |
| o Sub-total   |   |                              |                 |                               |   |                                 |                 | 200,000.  | NON  | E               | 19,  | 958     |
| c Total from continuation sheets to Part VII,   | Section A   |                              |                 |                               |   |                                 |                 | NONE  | NON  | -               |  | NON     |
| d Total (add lines 1b and 1c)<br>Total number of individuals (including but no                      |   |                              |                 |                               |   |                                 | ►<br>P re       | 200,000.<br>ceived more than                            | NON<br>\$100,000 of  | E               | 19,  | 958     |
| reportable compensation from the organizati   | ion 🕨   |                              |                 |                               |   | 1                               |                 |   |  |                 | Yes  | No      |
| Did the organization list any <b>former</b> off employee on line 1a? <i>If "Yes," complete Sche</i> |   |                              |                 |                               |   |                                 |                 |   |  | 3               |  | X       |
| For any individual listed on line 1a, is the organization and related organizations gindividual     | greater than  | \$15                         | 50,0            | 00?                           | י If                                    | "Yes                            | ;," (           | complete Schedu   | le J for such  | 4               |  | X       |
| Did any person listed on line 1a receive of for services rendered to the organization? If '         | or accrue co  | mpen                         | sati            | on f                          | from                                    | n any                           | uni             | related organizatio                                     | on or individual   | 5               |  | Σ       |
| ection B. Independent Contractors   | ·   |                              |                 |                               |   |                                 |                 |   |  |                 |  | -       |
| Complete this table for your five highest co  |   |                              |                 |                               |   |                                 |                 | hat received more                                       | than \$100,000   | of              |  |         |
| compensation from the organization. Report year.  | compensati  | on foi                       | r the           | e ca                          | lenc                                    | lar ye                          | ar e            | ending with or with                                     | in the organizat   | ion's ta:       | <  |         |
| compensation from the organization. Report  | : compensati  | on foi                       | r the           | e ca                          | lenc                                    | lar ye                          | ar e            | ending with or with                                     | in the organizati  | ion's ta:<br>(C |  |         |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE NONE JSA 3E1055 1.000

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| Par   | t VII             |  |                        |  |  |   |   |
|---|-------------------|--|------------------------|--|--|---|---|
|   |                   | Check if Schedule O contains a respon  | se or note to ar       | ny line in this Part V<br>(A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | <b>(C)</b><br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under |
| iifts, Grants,<br>ar Amounts                            | 1a<br>b<br>c<br>d | Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1d  |                        |  |  |   | sections 512-514                          |
| Contributions, Gifts, Grants, and Other Similar Amounts | e<br>f<br>g       | Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g \$ | 1,701,707.<br>522,865. |  |  |   |   |
| aCo   | h                 | Total. Add lines 1a-1f   |                        | 1,701,707.                                     |  |   |   |
| 0   |                   |  | Business Code          |  |  |   |   |
| Program Service<br>Revenue                              | 2a<br>b<br>c      | SCHOOL SUPPLY PROGRAM  |                        | 404,531.                                       | 404,531.                                     |   |   |
| ogra  | d<br>e            |  |                        |  |  |   |   |
| Pr  | f                 | All other program service revenue  |                        |  |  |   |   |
|   | g                 | Total. Add lines 2a-2f   |                        | 404,531.                                       |  |   |   |
|   | 3                 | Investment income (including dividends,<br>other similar amounts)<br>Income from investment of tax-exempt bond   |                        | 29,674.<br>NONE                                |  |   | 29,674.                                   |
|   | 5                 | Royalties  | •                      | NONE   |  |   |   |
|   |                   | (i) Real   | (ii) Personal          |  |  |   |   |
|   | 6a                | Gross rents 6a   |                        |  |  |   |   |
|   | b<br>c            | Less: rental expenses 6b Rental income or (loss) 6c NONE   | NONE                   |  |  |   |   |
|   | d                 | Net rental income or (loss)  |                        | NONE   |  |   |   |
|   | 7a                | Gross amount from (i) Securities sales of assets   | (ii) Other             |  |  |   |   |
| venue   | b                 | otherthaninventory <b>7a</b> 274,704.Less:cost or other basisand sales expenses. <b>7b</b> 261,954.  |                        |  |  |   |   |
| Sev   | с                 | Gain or (loss) 7c 12,750.  |                        |  |  |   |   |
| Other Rev   | d                 | Net gain or (loss)   |                        | 12,750.  |  |   | 12,750.                                   |
| Oth   | 8a                | Gross income from fundraising<br>events (not including \$<br>of contributions reported on line<br>1c) See Part IV line 18 8a   | NONE                   |  |  |   |   |
|   | b                 | 1c). See Part IV, line 18   8a     Less: direct expenses   8b  | NONE                   |  |  |   |   |
|   | c                 | Net income or (loss) from fundraising events   |                        | NONE   |  |   |   |
|   | 9a                | Gross income from gaming activities. See Part IV, line 19 9a   | NONE                   |  |  |   |   |
|   | b                 | Less: direct expenses9b_<br>Net income or (loss) from gaming activities  | NONE                   | NONE   |  |   |   |
|   | с<br>10а          | Gross sales of inventory, less returns and allowances  | NONE                   | NONE   |  |   |   |
|   | b                 | Less: cost of goods sold   | NONE                   |  |  |   |   |
|   | c                 | Net income or (loss) from sales of inventory   |                        | NONE   |  |   |   |
| sno   |                   |  | Business Code          |  |  |   | 0.007                                     |
| nue   | 11a               | OTHER REVENUE  |                        | 3,066.   |  |   | 3,066.                                    |
| ella  | b<br>c            |  |                        |  |  |   |   |
| Miscellaneous<br>Revenue                                | d<br>e            | All other revenue  |                        | 3,066.   |  |   |   |
| 10.4  | 12                | Total revenue. See instructions  | <u></u>                | 2,151,728.                                     | 404,531.                                     |   | 45,490.                                   |
| JSA<br>3E105  | 1 2.000<br>69     | 04RW 9242 12/06/2024 07:23:0   |                        |  | COPY   |   | Form <b>990</b> (2023)                    |

EMPTY STOCKING FUND INC

Page **9** 

23-7159125

Form 990 (2023)

### EMPTY STOCKING FUND INC nal Evn

| -   |  | KING FUND INC                |   | 23-71  | .59125 Page <b>10</b>                        |
|-----|--|------------------------------|---|--|--|
|     | art IX Statement of Functional Expenses  |                              |   |  |  |
| Sec | ction 501(c)(3) and 501(c)(4) organizations mus  |                              |   |  |  |
|     | Check if Schedule O contains a respo   |                              | in this Part IX                           |  |  |
|     | not include amounts reported on lines 6b, 7b,<br>9b, and 10b of Part VIII.   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service<br>expenses | <b>(C)</b><br>Management and<br>general expenses | <b>(D)</b><br>Fundraising<br>expenses        |
| 1   | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21                                   | NONE                         |   |  |  |
| 2   | Grants and other assistance to domestic individuals. See Part IV, line 22  | 1,329,985.                   | 1,329,985.                                |  |  |
| 3   | Grants and other assistance to foreign<br>organizations, foreign governments, and<br>foreign individuals. See Part IV, lines 15 and 16 | NONE                         |   |  |  |
| 4   | Benefits paid to or for members  | NONE                         |   |  |  |
|     | Compensation of current officers, directors,   |                              |   |  |  |
| 5   | trustees, and key employees  | 190,567.                     | 140,915.                                  | 16,505.  | 33,147                                       |
| ~   |  | 190,507.                     | 110,015.                                  | 10,303.  | 55,117                                       |
| 0   | Compensation not included above to disqualified persons (as defined under section $4958(f)(1)$ ) and                                   | NONE                         |   |  |  |
| -   | persons described in section 4958(c)(3)(B)   | NONE                         | 72 001                                    | 0 5 2 0  | 17 1/0                                       |
|     | Other salaries and wages   | 98,588.                      | 72,901.                                   | 8,539.   | 17,148                                       |
| 8   | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)                                     | 1,995.                       | 1,475.                                    | 173.   | 347  |
| 9   | Other employee benefits  | 22,574.                      | 16,692.                                   | 1,955.   | 3,927  |
| 10  | Payroll taxes  | 23,010.                      | 17,015.                                   | 1,993.   | 4,002  |
| 11  | Fees for services (nonemployees):  |                              |   |  |  |
| а   | Management   | NONE                         |   |  |  |
|     | b Legal  | NONE                         |   |  |  |
|     | Accounting   | NONE                         |   |  |  |
|     | Lobbying   | NONE                         |   |  |  |
|     | Professional fundraising services. See Part IV, line 17  | NONE                         |   |  |  |
|     | f Investment management fees   | 11,097.                      |   | 11,097.  |  |
|     | Other. (If line 11g amount exceeds 10% of line 25, column  |                              |   |  |  |
|     | (A), amount, list line 11g expenses on Schedule O.)  | 226,610.                     | 225.                                      | 136,192.   | 90,193                                       |
| 12  | Advertising and promotion  | 67,715.                      | 6,683.                                    | 1,230.   | 59,802                                       |
| 13  | Office expenses  | NONE                         |   |  |  |
| 14  | Information technology   | NONE                         |   |  |  |
| 15  | Royalties  | NONE                         |   |  |  |
|     | Occupancy  | 193,837.                     | 187,564.                                  | 6,273.   |  |
|     | Travel   | 14,131.                      | 9,559.                                    | 4,572.   |  |
|     | Payments of travel or entertainment expenses   |                              |   |  |  |
|     | for any federal, state, or local public officials  | NONE                         |   |  |  |
| 19  | Conferences, conventions, and meetings   | NONE                         |   |  |  |
| 20  |  | NONE                         |   |  |  |
| 21  |  | NONE                         |   |  |  |
| 22  |  | 69,335.                      | 69,335.                                   |  |  |
| 23  |  | 15,365.                      | 13,010.                                   | 2,355.   |  |
|     | Other expenses. Itemize expenses not covered   |                              |   |  |  |
|     | above. (List miscellaneous expenses on line 24e. If  |                              |   |  |  |
|     | line 24e amount exceeds 10% of line 25, column   |                              |   |  |  |
|     | (A), amount, list line 24e expenses on Schedule O.)  |                              |   |  |  |
| 2   | COST OF DISTRIBUTION   | 78,229.                      | 77,690.                                   | 539.   |  |
|     | POSTAGE AND SHIPPING   | 46,824.                      | 7,599.                                    | 5,023.   | 34,202                                       |
|     | DUES & SUBSCRIPTIONS   | 20,724.                      | 9,399.                                    | 5,962.   | 5,363  |
|     | BANK FEES  | 17,868.                      | -,  | 6,359.   | 11,509                                       |
|     | All other expenses   | 34,852.                      | 6,505.                                    | 10,544.  | 17,803                                       |
|     | Total functional expenses. Add lines 1 through 24e   | 2,463,306.                   | 1,966,552.                                | 219,311.   | 277,443.                                     |
| 26  |  | 2,103,500.                   | 1,700,332.                                | 2177311.   | <i>,,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |

fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

JSA

Form **990** (2023)

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EMPTY STOCKING FUND INC

|                                  | EMPTY STOCKING FUND INC  |                   | 23-      | 7159125                          |
|----------------------------------|--|-------------------|----------|----------------------------------|
| m 990 (                          | ,  |                   |          | Page <b>1</b>                    |
| Part X                           |  |                   |          |                                  |
|                                  | Check if Schedule O contains a response or note to any line in this Pa                         | art X             |          |                                  |
|                                  |  | (A)               |          | (B)                              |
|                                  |  | Beginning of year |          | End of year                      |
| 1                                | Cash - non-interest-bearing  | 270,294.          | 1        | 245,720                          |
| 2                                | Savings and temporary cash investments.  | 41,058.           | 2        | 84,52                            |
| 3                                | Pledges and grants receivable, net   | NONE              | 3        | NO                               |
| 4                                | Accounts receivable, net   | 15,604.           | 4        | 23,98                            |
| 5                                | Loans and other receivables from any current or former officer, director,                      |                   |          |                                  |
|                                  | trustee, key employee, creator or founder, substantial contributor, or 35%                     |                   |          |                                  |
|                                  | controlled entity or family member of any of these persons                                     | NONE              | 5        | NC                               |
| 6                                | Loans and other receivables from other disqualified persons (as defined                        |                   |          |                                  |
|                                  | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)                      | NONE              | 6        | NC                               |
| 2 7                              | Notes and loans receivable, net  | NONE              | 7        | NC                               |
| 8                                | Inventories for sale or use  | 719,606.          | 8        | 383,34                           |
| 9                                | Prepaid expenses and deferred charges  | 3,423.            |          | 14,47                            |
| 10 a                             | Land, buildings, and equipment: cost or other  |                   |          |                                  |
|                                  | basis. Complete Part VI of Schedule D  |                   |          |                                  |
| b                                | Less: accumulated depreciation   | 311,906.          | 10c      | 349,97                           |
| 11                               | Investments - publicly traded securities   | 1,465,597.        |          | 1,571,34                         |
| 12                               | Investments - other securities. See Part IV, line 11   | NONE              |          | NC                               |
| 13                               | Investments - program-related. See Part IV, line 11  | NONE              | 13       | NC                               |
| 14                               | Intangible assets  | 801,457.          | 14       | 699,30                           |
| 15                               | Other assets. See Part IV, line 11   | 41,574.           |          | 34,63                            |
| 16                               | Total assets. Add lines 1 through 15 (must equal line 33)                                      | 3,670,519.        |          | 3,407,29                         |
| 17                               | Accounts payable and accrued expenses  | 141,252.          |          | 33,33                            |
| 18                               | Grants payable   | NONE              |          | NC                               |
| 19                               | Deferred revenue   | NONE              | 19       | NC                               |
| 20                               | Tax-exempt bond liabilities  | NONE              | 20       | NC                               |
| 21                               | Escrow or custodial account liability. Complete Part IV of Schedule D                          | NONE              |          | NC                               |
| 22                               | Loans and other payables to any current or former officer, director,                           |                   |          |                                  |
|                                  | trustee, key employee, creator or founder, substantial contributor, or 35%                     |                   |          |                                  |
| 22                               | controlled entity or family member of any of these persons                                     | NONE              | 22       | NC                               |
| 23                               | Secured mortgages and notes payable to unrelated third parties                                 | 843,848.          |          | 752,36                           |
| 24                               | Unsecured notes and loans payable to unrelated third parties                                   | NONE              |          | NC                               |
| 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  | NONE              | 25       | NC                               |
| 26                               | Total liabilities. Add lines 17 through 25   | 985,100.          |          | 785,70                           |
|                                  | Organizations that follow FASB ASC 958, check here X<br>and complete lines 27, 28, 32, and 33. |                   |          |                                  |
| 27                               | Net assets without donor restrictions  | 2,685,419.        | 27       | 2,621,59                         |
| 28                               | Net assets with donor restrictions.  | NONE              |          | NC                               |
|                                  | Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.    | 1.0112            |          | 110                              |
| 29                               | Capital stock or trust principal, or current funds   |                   | 29       |                                  |
| 30                               | Paid-in or capital surplus, or land, building, or equipment fund                               |                   | 29<br>30 |                                  |
| 30                               | Retained earnings, endowment, accumulated income, or other funds                               |                   | 30<br>31 |                                  |
| 27<br>28<br>29<br>30<br>31<br>32 | Total net assets or fund balances  | 2,685,419.        | 31<br>32 | 2 601 E0                         |
| 33                               | Total liabilities and net assets/fund balances   |                   |          | 2,621,59                         |
| 55                               |  | 3,670,519.        | 33       | 3,407,29<br>Form <b>990</b> (202 |

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| Form | 990 | (2023) |
|------|-----|--------|

|         | EMPTY STOCKING FUND INC   | 23-715     | 59125     |     |      |              |
|---------|---|------------|-----------|-----|------|--------------|
| Form 99 | 90 (2023)   |            |           |     | Pa   | ge <b>12</b> |
| 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         | 2,1 | 51,  | <u>728</u> . |
| 2       | Total expenses (must equal Part IX, column (A), line 25)  |            | 2         | 2,4 | 63,  | <u>306</u> . |
| 3       | Revenue less expenses. Subtract line 2 from line 1  |            | 3         | -3  | 11,  | <u>578</u> . |
| 4       | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       |            | 4         |     |      | <u>419</u> . |
| 5       | Net unrealized gains (losses) on investments  |            | 5         | 2   | .47, | <u>749</u> . |
| 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 on Schedule O)                            |            | 9         |     |      |              |
| 10      | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X        |            |           |     |      |              |
|         | 32, column (B))   |            | 10        | 2,6 | 21,  | <u>590</u> . |
| Part    |   |            |           |     |      |              |
|         | 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: Cash X Accrual Other                            |            |           |     |      |              |
|         | If the organization changed its method of accounting from a prior year or checked "O            | ther," ex  | plain on  |     |      |              |
|         | Schedule O.   |            |           |     |      |              |
| 2a      | Were the organization's financial statements compiled or reviewed by an independent account     |            |           | 2a  |      | X            |
|         | If "Yes," check a box below to indicate whether the financial statements for the year w         | vere com   | piled or  |     |      |              |
|         | reviewed on a separate basis, consolidated basis, or both:                                      |            |           |     |      |              |
|         | Separate basis Consolidated basis Both consolidated and separate basis                          |            |           |     |      |              |
| b       | Were the organization's financial statements audited by an independent accountant?              |            |           | 2b  | X    |              |
|         | If "Yes," check a box below to indicate whether the financial statements for the year we        | ere audit  | ed on a   |     |      |              |
|         | separate basis, consolidated basis, or both:  |            |           |     |      |              |
|         | X Separate basis Consolidated basis Both consolidated and separate basis                        | asis       |           |     |      |              |
| C       | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibilit    | y for ove  | rsight of |     |      |              |
|         | the audit, review, or compilation of its financial statements and selection of an independent a | accountai  | nt?       | 2c  | X    |              |
|         | If the organization changed either its oversight process or selection process during the tax    | k year, ex | plain on  |     |      |              |
|         | Schedule O.   |            |           |     |      |              |
| 3a      | As a result of a federal award, was the organization required to undergo an audit or audits a   | as set for | th in the |     |      |              |
|         | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |            |           | 3a  |      | X            |
| b       | If "Yes," did the organization undergo the required audit or audits? If the organization did    | not und    | ergo the  |     |      |              |

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .

Form 990 (2023)

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| (Form | 990) |    |

## Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

|  |                                       | evenue Service                                  |  | Go to www.irs.go   | v/Form990 for instruction  | ons and t                                   | he latest i                       | nformation.   | Inspection                          |
|--|---------------------------------------|---|--|--|--|---|-----------------------------------|---|-------------------------------------|
| Name   | of t                                  | he organization                                 | -  |  |  |   |                                   | Employer identi   | fication number                     |
| EMP  | ΤY                                    | STOCKING 1                                      | FUND INC   |  |  |   |                                   | 23-7  | 159125                              |
| Par  |                                       |   |  |  | organizations must   |   |                                   | /   | ns.                                 |
| The  | orga                                  |   | •  |  | t is: (For lines 1 through   |   |                                   | ,   |                                     |
| 1  |                                       |   |  |  | tion of churches desc  |   |                                   | 70(b)(1)(A)(i).   |                                     |
| 2  |                                       |   |  |  | . (Attach Schedule E   | -   |                                   |   |                                     |
| 3  |                                       | -   | -  |  | rganization described  |   |                                   |   |                                     |
| 4  |                                       |   | -  |  | conjunction with a ho  | spital de                                   | scribed in                        | n section 170(b)(1)(A   | )(iii). Enter the                   |
|  |                                       | hospital's nam                                  |  |  |  |   |                                   |   |                                     |
| 5  |                                       | •   | •  |  | a college or universi  | ty owne                                     | d or ope                          | erated by a governm   | ental unit described ir             |
|  |                                       | -   |  | Complete Part II.)   |  |   |                                   |   |                                     |
| 6  |                                       |   | •  | •  | rnmental unit describe   |   |                                   |   |                                     |
| 7  | · · · · · · · · · · · · · · · · · · · |   |  |  |  |   |                                   |   | om the general public               |
| - 1  |                                       |   |  | (1)(A)(vi). (Compl   |  |   |                                   |   |                                     |
| 8  |                                       | -   |  | -  | <b>b)(1)(A)(vi).</b> (Complete   | -   |                                   |   |                                     |
| 9  |                                       | -   |  | -  | ed in section 170(b)(1   |   | -                                 | -   |                                     |
|  |                                       | •   | r a non-land-                                      | grant college of a   | griculture (see instruc  | tions). E                                   | nter the                          | name, city, and state o   | of the college or                   |
|  |                                       | university:                                     |  |  |  |   |                                   |   |                                     |
| 10   |                                       | receipts from<br>support from<br>acquired by th | activities rela<br>gross investm<br>ne organizatio | ted to its exempt f<br>nent income and u<br>n after June 30, 1 | bre than 331/3 % of its<br>functions, subject to c<br>nrelated business tax<br>975. See <b>section 509</b><br>usively to test for publ | ertain e:<br>able inco<br><b>(a)(2).</b> (0 | xceptions<br>ome (les<br>Complete | s; and (2) no more tha<br>s section 511 tax) fron<br>e Part III.) | n 331/3 % of its                    |
| 12   |                                       | •   | •  |  |  |   |                                   |   | rry out the purposes of             |
|  |                                       | -   | -  | -  |  | -   |                                   |   | ction 509(a)(3). Check              |
|  |                                       |   |  | -  | es the type of suppor  |   | -                                 |   |                                     |
| а  |                                       |   | -  |  | , supervised, or contr   |   |                                   | -   | -                                   |
| -  |                                       | ••  |  |  | regularly appoint or e   |   |                                   | • • • • •   |                                     |
|  |                                       |   | -  |  | te Part IV, Sections A   |   |                                   |   |                                     |
| b  |                                       |   | -  | -  | ed or controlled in co   |   | n with its                        | supported organizat   | ion(s), by having                   |
| -  |                                       |   |  |  | organization vested in   |   |                                   |   |                                     |
|  |                                       |   | -  |  | , Sections A and C.  |   |                                   |   |                                     |
| с  |                                       |   | . ,  |  | ng organization opera  | ated in c                                   | onnectio                          | n with, and functiona   | ally integrated with                |
| -  |                                       |   |  | - · ·  | ns). You must comple   |   |                                   |   | ,                                   |
| d  |                                       |   | -  |  | porting organization of  |   |                                   |   | rted organization(s)                |
|  |                                       | ••  |  |  | nization generally mus   | •   |                                   |   | • • • • •                           |
|  |                                       |   | -  |  | omplete Part IV, Sect  | -   |                                   |   |                                     |
| е  |                                       |   | -  |  | a written determinatio   |   |                                   |   | II. Type III                        |
| -  |                                       |   | •  |  | ionally integrated sup   |   |                                   |   | , . , , , , ,                       |
| f  | En                                    |   |  |  |  |   |                                   |   |                                     |
| g  | Pro                                   | ovide the follow                                | ing information                                    | on about the supp  | orted organization(s).   |   |                                   |   |                                     |
|  |                                       | ame of supported of                             |  | (ii) EIN   | (iii) Type of organization   | (iv) Is the                                 | organization                      | (v) Amount of monetary  | (vi) Amount of                      |
|  |                                       |   |  |  | (described on lines 1-10<br>above (see instructions))  | -   | our governing<br>ment?            | support (see<br>instructions)                                     | other support (see<br>instructions) |
|  |                                       |   |  |  |  | Yes   | No                                | instructions)   | matruotionay                        |
| ( • )  |                                       |   |  |  |  |   |                                   |   |                                     |
| (A)  |                                       |   |  |  |  |   |                                   |   |                                     |
| (B)  |                                       |   |  |  |  |   |                                   |   |                                     |
| (B)  |                                       |   |  |  |  |   |                                   |   |                                     |
| (C)  |                                       |   |  |  |  |   |                                   |   |                                     |
| (0)  |                                       |   |  |  |  |   |                                   |   |                                     |
| (D)  |                                       |   |  |  |  |   |                                   |   |                                     |
| ( <i>-</i> )                                 |                                       |   |  |  |  |   |                                   |   |                                     |
| (E)  |                                       |   |  |  |  |   |                                   |   |                                     |
| <u>,                                    </u> |                                       |   |  |  |  |   |                                   |   |                                     |
| Tota   | ı                                     |   |  |  |  |   |                                   |   |                                     |
|  |                                       |   | _  |  |  |   |                                   |   |                                     |
| For F  | Pape                                  | rwork Reductio                                  | n Act Notice, s                                    | ee the Instructions  | for Form 990 or 990-EZ.  |   |                                   | 5   | Schedule A (Form 990) 2023          |

Schedule A (Form 990) 2023

Page **2** 

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.)

| Sec  | tion A. Public Support  |                    |                 |                  |                  |                |                |
|------|---|--------------------|-----------------|------------------|------------------|----------------|----------------|
| Cale | endar year (or fiscal year beginning in)  | <b>(a)</b> 2019    | <b>(b)</b> 2020 | (c) 2021         | (d) 2022         | (e) 2023       | (f) Total      |
| 1    | Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")  | 2,359,227.         | 2,444,903.      | 1,872,167.       | 1,867,669.       | 1,701,707.     | 10,245,673.    |
| 2    | Tax revenues levied for the<br>organization's benefit and either paid to<br>or expended on its behalf   |                    |                 |                  |                  |                | NONE           |
| 3    | The value of services or facilities<br>furnished by a governmental unit to the<br>organization without charge   |                    |                 |                  |                  |                | NONE           |
| 4    | Total. Add lines 1 through 3  | 2,359,227.         | 2,444,903.      | 1,872,167.       | 1,867,669.       | 1,701,707.     | 10,245,673.    |
| 5    | The portion of total contributions by<br>each person (other than a<br>governmental unit or publicly<br>supported organization) included on<br>line 1 that exceeds 2% of the amount<br>shown on line 11, column (f). |                    |                 |                  |                  |                | 926, 260       |
| 6    | Public support. Subtract line 5 from line 4   |                    |                 |                  |                  |                | 836,260.       |
|      | tion B. Total Support   |                    |                 |                  |                  |                | 9,409,413.     |
|      | endar year (or fiscal year beginning in)  | (a) 2019           | <b>(b)</b> 2020 | (c) 2021         | (d) 2022         | (e) 2023       | (f) Total      |
| 7    | Amounts from line 4   | 2,359,227.         | 2,444,903.      | 1,872,167.       | 1,867,669.       | 1,701,707.     | 10,245,673.    |
| 8    | Gross income from interest, dividends,<br>payments received on securities loans,<br>rents, royalties, and income from<br>similar sources  | 47,672.            | 44,758.         | 32,690.          | 28,669.          | 29,674.        | 183,463.       |
| 9    | Net income from unrelated business<br>activities, whether or not the business<br>is regularly carried on  |                    |                 |                  |                  |                | NONE           |
| 10   | Other income. Do not include gain or<br>loss from the sale of capital assets<br>(Explain in Part VI.)   |                    |                 |                  |                  |                | NONE           |
| 11   | Total support. Add lines 7 through 10   |                    |                 |                  |                  |                | 10,429,136.    |
| 12   | Gross receipts from related activities, etc. (s   | ee instructions) . |                 |                  |                  | 12             | 941,051.       |
| 13   | First 5 years. If the Form 990 is for organization, check this box and stop here.   |                    |                 | , third, fourth, | or fifth tax yea | r as a section | 501(c)(3)      |
| Sec  | tion C. Computation of Public Supp  |                    | -               |                  |                  |                |                |
| 14   | Public support percentage for 2023 (lin   | •                  |                 | ( ) )            |                  | 14             | 90.22 %        |
| 15   | Public support percentage from 2022   |                    |                 |                  |                  | 15             | 93.25 <b>%</b> |
| 16a  | 331/3% support test - 2023. If the org  |                    |                 |                  |                  |                |                |
| _    | box and <b>stop here.</b> The organization qu   |                    |                 |                  |                  |                |                |
| b    | 331/3% support test - 2022. If the org  |                    |                 |                  |                  |                |                |
| 47-  | this box and <b>stop here.</b> The organization   |                    |                 | -                |                  |                |                |
| 17a  | 10%-facts-and-circumstances test - 2  |                    |                 |                  |                  |                |                |
|      | 10% or more, and if the organization<br>Part VI how the organization meets t  |                    |                 |                  |                  | -              |                |
|      | -   |                    |                 | •                | •                |                |                |
| h    | organization  |                    |                 |                  |                  |                |                |
| D    | 15 is 10% or more, and if the organiz   |                    | -               |                  |                  |                |                |
|      | in Part VI how the organization meets   |                    |                 |                  |                  | -              | -              |
|      | organization  |                    |                 | -                |                  |                |                |
| 18   | Private foundation. If the organization   |                    |                 |                  |                  |                |                |
| 10   | instructions  |                    |                 |                  |                  |                |                |
|      |   |                    |                 |                  |                  |                |                |

Schedule A (Form 990) 2023

| Schedule A    | (Form    | 990) | 2023 |
|---------------|----------|------|------|
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### 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.)

| Sec        | tion A. Public Support  |                 |                              |                 |                 |          |                   |
|------------|---|-----------------|------------------------------|-----------------|-----------------|----------|-------------------|
| Cale       | ndar year (or fiscal year beginning in)   | <b>(a)</b> 2019 | <b>(b)</b> 2020              | (c) 2021        | (d) 2022        | (e) 2023 | (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  |                 |                              |                 |                 |          |                   |
|            | Amounts included on lines 1, 2, and 3   |                 |                              |                 |                 |          |                   |
| <i>i</i> u | 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<br>or 1% of the amount on line 13 for the year |                 |                              |                 |                 |          |                   |
| r          | Add lines 7a and 7b.  |                 |                              |                 |                 |          |                   |
| 8          | <b>Public support.</b> (Subtract line 7c from   |                 |                              |                 |                 |          |                   |
|            | line 6.)  |                 |                              |                 |                 |          |                   |
| Sec        | tion B. Total Support   |                 | 1                            |                 | 1               |          | I                 |
|            | ndar year (or fiscal year beginning in)   | (a) 2019        | <b>(b)</b> 2020              | (c) 2021        | (d) 2022        | (e) 2023 | (f) Total         |
| 9          | Amounts from line 6   |                 |                              |                 |                 |          |                   |
|            | 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 on 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  |                 |                              |                 |                 |          |                   |
| 12         | (Explain in Part VI.)<br>Total support. (Add lines 9, 10c, 11,                            |                 |                              |                 |                 |          |                   |
| 13         |   |                 |                              |                 |                 |          |                   |
| 4.4        | and 12.)  | the organizati  | n'a firat again              | d third fourth  | or fifth tox ve | l        | E01(a)(2)         |
| 14         | •   | 0               |                              |                 |                 |          |                   |
| <u>Soc</u> | organization, check this box and stop here.<br>tion C. Computation of Public Supp         |                 |                              |                 |                 |          | •••••             |
| 15         | Public support percentage for 2023 (line 8,   |                 | -                            | ump (f))        |                 | 45       | %                 |
|            |   | .,              | •                            |                 |                 | 15       | %                 |
| 16<br>Sec  | Public support percentage from 2022 Sche<br>tion D. Computation of Investment             |                 |                              |                 |                 | 16       | 70                |
|            | •   |                 |                              | 12 column (f))  |                 | 47       | 0/                |
| 17         | Investment income percentage for 2023 (lir  |                 |                              |                 |                 | 17       | %                 |
| 18         | Investment income percentage from 2022 S  |                 |                              |                 |                 | 18       | <u>%</u>          |
| 19 a       | 331/3% support tests - 2023. If the or  |                 |                              |                 |                 |          |                   |
|            | 17 is not more than 331/3%, check this  | -               | -                            | -               |                 |          |                   |
| b          | 331/3% support tests - 2022. If the orga  |                 |                              |                 |                 |          |                   |
|            | line 18 is not more than 331/3%, check  |                 | •                            | •               |                 |          |                   |
| 20<br>JSA  | Private foundation. If the organization of  | and not check a | a pox on line                | 14, 19a, or 19b | , check this bo |          |                   |
|            | 1 1.000 PUE   | 3LIC IN         | ISPEC                        | lion C          | ;OPY            | Schedule | A (Form 990) 2023 |
|            | 6904RW 9242 12/06/2024 07   | / Z3:03 V2      | 3-7.T <u>0</u> _1 <u>0</u> 0 | 58              |                 |          |                   |

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### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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? *If "Yes," provide detail in Part VI.*
- 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? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10 a** 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)? *If "Yes," answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

23-7159125

Schedule A (Form 990) 2023

### Part IV Supporting Organizations (continued)

- Has the organization accepted a gift or contribution from any of the following persons?
- 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 on lines 11b and 11c below, the governing body of a supported organization?
  - **b** A family member of a person described on line 11a above?
  - **c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

### Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 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? 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.

### Section C. Type II Supporting Organizations

 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)? 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).
 1
 1
 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 <b>Part VI</b> how</i>  |   |     |    |
|   | the organization maintained a close and continuous working relationship with the supported organization(s).  | 2 |     |    |
| 3 | By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's</i>  |   |     |    |
|   | supported organizations played in this regard.   | 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 inst             | truction | IS). |    |
|---|---|----------|------|----|
| а | The organization satisfied the Activities Test. Complete <b>line 2</b> below.   |          |      |    |
| b | <b>b</b> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>                       |          |      |    |
| с | c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). |          |      |    |
| • |   | Y        | es   | No |
| 2 | Activities Test. Answer lines 2a and 2b below.  |          |      |    |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of                  |          |      |    |
|   | the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>                   |          |      |    |

| the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> |
|---|
| 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.  |
|   |

- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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.*
- 3 Parent of Supported Organizations. *Answer lines 3a and 3b below.*

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- **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? *If* "Yes" or "No," provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

Yes No

Yes No

11a 11b

11c

1

2

23-7159125

<u>/. | 3b |</u> Schedule A (Form 990) 2023

2a

2b

3a

#### Schedule A (Form 990) 2023 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See 1 instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 Recoveries of prior-year distributions 2 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035. 6 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** Adjusted net income for prior year (from Section A, line 8, column A) 1 1 2 Enter 0.85 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).

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) |  |                                    |                                       |    |   |  |
|--|--|------------------------------------|---------------------------------------|----|---|--|
| Secti  | on D - Distributions   |                                    |                                       |    | Current Year                              |  |
| 1  | Amounts paid to supported organizations to accomplish ex               | kempt purposes                     |                                       | 1  |   |  |
| 2  | Amounts paid to perform activity that directly furthers exer           | npt purposes of support            | ed                                    |    |   |  |
|  | organizations, in excess of income from activity                       |                                    |                                       | 2  |   |  |
| 3  | Administrative expenses paid to accomplish exempt purpo                | ses of supported organiz           | zations                               | 3  |   |  |
| 4  | Amounts paid to acquire exempt-use assets                              |                                    |                                       | 4  |   |  |
| 5  | Qualified set-aside amounts (prior IRS approval required - p           | rovide details in <b>Part VI</b> ) |                                       | 5  |   |  |
| 6  | Other distributions (describe in Part VI). See instructions.           |                                    |                                       | 6  |   |  |
| 7  | Total annual distributions. Add lines 1 through 6.                     |                                    |                                       | 7  |   |  |
| 8  | Distributions to attentive supported organizations to which            | the organization is resp           | onsive                                |    |   |  |
|  | (provide details in <b>Part VI</b> ). See instructions.                |                                    |                                       | 8  |   |  |
| 9  | Distributable amount for 2023 from Section C, line 6                   |                                    |                                       | 9  |   |  |
| 10   | Line 8 amount divided by line 9 amount                                 |                                    |                                       | 10 |   |  |
| Secti  | on E - Distribution Allocations (see instructions)                     | (i)<br>Excess Distributions        | (ii)<br>Underdistribution<br>Pre-2023 | s  | (iii)<br>Distributable<br>Amount for 2023 |  |
| 1  | Distributable amount for 2023 from Section C, line 6                   |                                    |                                       |    |   |  |
| 2  | Underdistributions, if any, for years prior to 2023                    |                                    |                                       |    |   |  |
|  | (reasonable cause required - <i>explain in <b>Part VI</b>)</i> . See   |                                    |                                       |    |   |  |
|  | instructions.  |                                    |                                       |    |   |  |
| 3  | Excess distributions carryover, if any, to 2023                        |                                    |                                       |    |   |  |
| <u>a</u>   | From 2018  |                                    |                                       |    |   |  |
| b  |  |                                    |                                       |    |   |  |
| <u> </u>   | From 2020  |                                    |                                       |    |   |  |
| d  | From 2021  |                                    |                                       |    |   |  |
| e  | From 2022  |                                    |                                       |    |   |  |
| f  | Total of lines 3a through 3e   |                                    |                                       |    |   |  |
| g  | Applied to underdistributions of prior years                           |                                    |                                       |    |   |  |
| h  | Applied to 2023 distributable amount                                   |                                    |                                       |    |   |  |
| i  | Carryover from 2018 not applied (see instructions)                     |                                    |                                       |    |   |  |
| j  | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                 |                                    |                                       |    |   |  |
| 4  | Distributions for 2023 from  |                                    |                                       |    |   |  |
|  | Section D, line 7: \$  |                                    |                                       |    |   |  |
| a  | Applied to underdistributions of prior years                           |                                    |                                       |    |   |  |
| b  | Applied to 2023 distributable amount                                   |                                    |                                       |    |   |  |
|  | Remainder. Subtract lines 4a and 4b from line 4.                       |                                    |                                       |    |   |  |
| 5  | Remaining underdistributions for years prior to 2023, if               |                                    |                                       |    |   |  |
|  | any. Subtract lines 3g and 4a from line 2. For result                  |                                    |                                       |    |   |  |
|  | greater than zero, <i>explain in <b>Part VI.</b></i> See instructions. |                                    |                                       |    |   |  |
| 6  | Remaining underdistributions for 2023. Subtract lines 3h               |                                    |                                       |    |   |  |
|  | and 4b from line 1. For result greater than zero, <i>explain in</i>    |                                    |                                       |    |   |  |
|  | Part VI. See instructions.   |                                    |                                       |    |   |  |
| 7  | Excess distributions carryover to 2024. Add lines 3j                   |                                    |                                       |    |   |  |
|  | and 4c.<br>Breakdown of line 7:  |                                    |                                       |    |   |  |
| 8  |  |                                    |                                       |    |   |  |
| <br>   | Excess from 2019   |                                    |                                       |    |   |  |
|  | Excess from 2020<br>Excess from 2021                                   |                                    |                                       |    |   |  |
| <u>ح</u>   | Excess from 2021   |                                    |                                       |    |   |  |
|  |  |                                    |                                       |    |   |  |
| e  | Excess from 2023   |                                    |                                       |    |   |  |

Schedule A (Form 990) 2023

### Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

| EMPTY STOCKING FUND IN         | 23-7159125   |         |  |  |  |  |  |
|--------------------------------|--|---------|--|--|--|--|--|
| Organization type (check one): | Organization type (check one):   |         |  |  |  |  |  |
| Filers of:                     | Section:   |         |  |  |  |  |  |
| Form 990 or 990-EZ             | X 501(c)( 3 ) (enter number) organization                                  |         |  |  |  |  |  |
|                                | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private four | ndation |  |  |  |  |  |
|                                | 527 political organization   |         |  |  |  |  |  |
| Form 990-PF                    | 501(c)(3) exempt private foundation  |         |  |  |  |  |  |
|                                | 4947(a)(1) nonexempt charitable trust treated as a private foundation      | ion     |  |  |  |  |  |
|                                | 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**

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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), 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), 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).

| Schedule B (Form 990) (2023) | Page 2                         |
|------------------------------|--------------------------------|
| Name of organization         | Employer identification number |
| EMPTY STOCKING FUND INC      | 23-7159125                     |
|                              |                                |

| (a) | (b)                        | (c)                 | (d)  |
|-----|----------------------------|---------------------|--|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 1   | <u>N/A</u>                 | \$261,373.          | Person X<br>Payroll X<br>Noncash X<br>(Complete Part II for<br>noncash contributions.) |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 2   | <u>N/A</u>                 | \$150,000.          | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)     |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
| 3   | <u>N/A</u>                 | \$50,000.           | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)     |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
|     | <u>N/A</u>                 | \$78,126.           | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)       |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
|     |                            | \$                  | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)       |
| (a) | (b)                        | (c)                 | (d)  |
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution   |
|     |                            | \$                  | Person<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.)       |

Schedule B (Form 990) (2023)

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| Schedule B<br>Name of or  | (Form 990) (2023)  | Employer id                                     | Page 3               |
|---------------------------|--|---|----------------------|
|                           | EMPTY STOCKING FUND INC                                      |   | 7159125              |
| Part II                   | Noncash Property (see instructions). Use duplicate copies of |   |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                 | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 1                         | VARIOUS SCHOOL SUPPLIES                                      |   | 03/01/2024           |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                 | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| 4_                        | VARIOUS SCHOOL SUPPLIES                                      | \$78,126  | 03/01/2024           |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                 | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                 | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                 | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
| (a) No.<br>from<br>Part I | (b)<br>Description of noncash property given                 | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                           |  | \$  |                      |
|                           |  |   |                      |

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|                           | (Form 990) (2023)  |   |   | Page 4   |  |  |
|---------------------------|--|---|---|--|--|--|
| Name of or                | •  |   |   | Employer identification number   |  |  |
|                           | EMPTY STOCKING FUND I  |   |   | 23-7159125   |  |  |
| Part III                  | Exclusively religious, charitable, etc.<br>(10) that total more than \$1,000 for<br>the following line entry. For organizati<br>contributions of \$1,000 or less for th<br>Use duplicate copies of Part III if addit | <b>the year from any</b><br>ions completing Par<br>e year. (Enter this in | one contributor. One contributor of the total of total of the total of the total of total | Complete columns <b>(a)</b> through <b>(e) and</b><br>of <i>exclusively</i> religious, charitable, etc., |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use   | of gift   | (d) Description of how gift is held  |  |  |
|                           |  |   |   |  |  |  |
|                           | Transferee's name, address, a  | (e) Transf<br>and ZIP + 4   | _   | hip of transferor to transferee  |  |  |
|                           |  |   |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use   | of gift   | (d) Description of how gift is held  |  |  |
|                           |  |   |   |  |  |  |
|                           | (e) Transfer of gift<br>Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee   |   |   |  |  |  |
|                           |  |   |   |  |  |  |
|                           |  |   |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use   | of gift   | (d) Description of how gift is held  |  |  |
|                           |  |   |   |  |  |  |
|                           | (e) Transfer of gift   |   |   |  |  |  |
|                           | Transferee's name, address, a  | and ZIP + 4   | Relations   | hip of transferor to transferee  |  |  |
|                           |  |   |   |  |  |  |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use   | of gift   | (d) Description of how gift is held  |  |  |
|                           |  |   |   |  |  |  |
|                           | Transferee's name, address, a  | (e) Transf<br>and ZIP + 4   | -   | hip of transferor to transferee  |  |  |
|                           |  |   |   |  |  |  |
|                           |  |   |   | Schedule B (Form 990) (2023)   |  |  |

U) (J

| SCHEE | DULE | D |
|-------|------|---|
| (Form | 990) |   |

# Supplemental Financial Statements 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.

Attach to Form 990.

**Open to Public** 

2

Schedule D (Form 990) 2023

OMB No. 1545-0047

23

|          | artment of the Treasury                      |   | Attach to Form 990.<br>Form990 for instructions and | d the letest inform | ation    |                    | Open to Public                            |
|----------|--|---|---|---------------------|----------|--------------------|---|
|          | nal Revenue Service<br>e of the organization | Go to www.irs.gov/i   | -oringgo for instructions and                       | a the latest inform |          | ployer identificat | Inspection                                |
|          | -  |   |   |                     |          |                    |   |
|          | PTY STOCKING F                               | tions Maintaining Donor Adv   | iand Funda or Other Ci                              | miler Funde e       |          | 23-71591           | 25  |
| Pa       |  | if the organization answered  |   |                     | ACCO     | Dunts              |   |
|          | Complete                                     | an the organization answered  |   |                     |          | (h) Euroda and     | - 41 4 -                                  |
|          |  |   | (a) Donor advised f                                 | unas                |          | (b) Funds and      |   |
| 1        |  | nd of year  |   |                     |          |                    |   |
| 2        |  | of contributions to (during year)   |   |                     |          |                    |   |
| 3        |  | of grants from (during year)  |   |                     |          |                    |   |
| 4        |  | it end of year  |   |                     |          |                    |   |
| 5        | •  | ion inform all donors and donor   | •   |                     |          |                    |   |
| _        | -  | nization's property, subject to the   | -   | -                   |          |                    | Yes No                                    |
| 6        |  | on inform all grantees, donors, a   |   |                     |          |                    |   |
|          |  | e purposes and not for the bene   |   |                     |          |                    |   |
| D        |  | issible private benefit?  | <u> </u>  |                     |          |                    | Yes No                                    |
| Pa       |  | tion Easements  | "Voo" on Form 000 Do                                | rt IV line 7        |          |                    |   |
| 1        |  | e if the organization answered  |   |                     |          |                    |   |
| •        |  | servation easements held by the   |   | - · · · ·           | of a b   | istariasllying     | autout land area                          |
|          |  | n of land for public use (for example   | , recreation or education)                          | Preservation        |          | • •                | portant land area                         |
|          |  | of natural habitat  |   |                     | orac     | entined histor     | ic structure                              |
| <b>^</b> |  | n of open space   | old a qualified concernatio                         | n contribution in   | the fe   | rm of a cons       | onation                                   |
| 2        |  | through 2d if the organization h  | aid a quaimed conservatio                           | n contribution ir   |          |                    | End of the Tax Year                       |
| -        |  | ast day of the tax year.  |   |                     | 20       | field at the       |   |
| a<br>⊾   |  | onservation easements   |   |                     | 2a<br>2b |                    |   |
| b        | 0  | tricted by conservation easements   |   |                     | 20<br>2c |                    |   |
| c<br>d   |  | vation easements on a certified<br>vation easements included on lir   |   |                     | 20       |                    |   |
| u        |  | tructure listed in the National Re  |   |                     | 2d       |                    |   |
| 3        |  | rvation easements modified, tra   | -   |                     | -        | by the orga        | nization during the                       |
| 5        | tax year                                     | rvation casements mounied, tra  | fisierred, released, exting                         |                     | mateu    | by the orga        | inization during the                      |
| 4        |  | where property subject to conse   | ervation easement is locate                         | Ч                   |          |                    |   |
| 5        |  | ation have a written policy reg   |   |                     | tion h   | andling of         |   |
| •        |  | orcement of the conservation ea   |   |                     |          | -                  | Yes No                                    |
| 6        |  | hours devoted to monitoring, insp   |   |                     |          |                    |   |
| -        |  |   | g,g   | -,                  |          |                    | Jan                                       |
| 7        | Amount of expens                             | es incurred in monitoring, inspec   | ting, handling of violations                        | and enforcing c     | onser    | ation easem        | ents during the year                      |
| 8        | Does each conser                             | <br>vation easement reported on lin   | e 2d above satisfy the rec                          | uirements of sec    | tion 17  | 70(h)(4)(B)(i)     |   |
| -        |  | )(4)(B)(ii)?  |   |                     |          |                    |   |
| 9        |  | be how the organization reports   |   |                     |          |                    |   |
| -        |  | , if applicable, the text of the foc  |   |                     |          |                    |   |
|          |  | ounting for conservation easeme   |   |                     |          |                    |   |
| Pa       | rt III Organiza                              | tions Maintaining Collections   | of Art, Historical Trea                             | sures, or Othe      | r Sim    | ilar Assets        |   |
|          | Complete                                     | e if the organization answered  | "Yes" on Form 990, Pa                               | rt IV, line 8.      |          |                    |   |
| 1a       | of art. historical t                         | n elected, as permitted under FA<br>treasures, or other similar asse<br>Part XIII the text of the footnote  | ts held for public exhibit                          | ion. education.     | or re    | search in fu       | alance sheet works<br>rtherance of public |
| b        | art, historical treas<br>provide the follow  | n elected, as permitted under Fa<br>sures, or other similar assets he<br>ing amounts relating to these iter | ld for public exhibition, e<br>ms:                  | ducation, or res    | earch    | in furtherand      | e of public service,                      |
|          |  | ded on Form 990, Part VIII, line 1  |   |                     |          |                    |   |
|          |  | d in Form 990, Part X   |   |                     |          |                    |   |
| 2        | -  | n received or held works of a   |   |                     | assets   | for financia       | I gain, provide the                       |
|          |  | required to be reported under F   |   |                     |          |                    |   |
| a<br>h   | Revenue included                             | on Form 990, Part VIII, line 1.   |   |                     |          | ••••\$.<br>¢       |   |

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| Scheo  | lule D (Form 990) 2023 EMPTY STO  | OCKING FU        | JND INC      |             |   |          |          |                | 23-7      | 159125      | Р      | age <b>2</b> |
|--------|---|------------------|--------------|-------------|---|----------|----------|----------------|-----------|-------------|--------|--------------|
| Ра     | rt III Organizations Maintaining Col  | lections of      | Art, Histo   | rical Tre   | asures                                  | s, or    | Other    | Similar A      | ssets (C  | ontinue     | d)     |              |
| 3      | Using the organization's acquisition, acce collection items (check all that apply). | ession, and c    | other recor  | ds, check   | any o                                   | f the    | follow   | ving that m    | nake sign | ificant u   | se o   | f its        |
| а      | Public exhibition   |                  | d            | Loan c      | or excha                                | nae      | progra   | m              |           |             |        |              |
| b      | Scholarly research  |                  | e            | Other       |   |          |          |                |           |             |        |              |
| c      | Preservation for future generations   |                  |              |             |   |          |          |                |           |             |        |              |
| 4      | Provide a description of the organization's XIII.                                   | s collections    | and expla    | ain how t   | hey fur                                 | ther     | the or   | ganization's   | s exempt  | purpose     | e in   | Part         |
| 5      | During the year, did the organization solicit                                       | or receive d     | Ionations o  | fart histe  | orical tr                               | 22611    | es or    | other simil    | ar        |             |        |              |
| 5      | assets to be sold to raise funds rather than  |                  |              |             |   |          |          |                | _         | Yes         |        | No           |
| Pa     | rt IV Escrow and Custodial Arrange  |                  |              |             | nganiza                                 |          | 5 001100 |                |           | 103         |        | jito         |
| ľα     | Complete if the organization an<br>990, Part X, line 21.                            |                  | es" on For   | m 990, P    | Part IV,                                | line     | 9, or r  | eported a      | n amoun   | it on Fo    | m      |              |
| 1a     | Is the organization an agent, trustee, cus  | todian or of     | ther interm  | ediary fo   | or contr                                | ibutic   | ons or   | other ass      | ets not   |             |        |              |
| īα     | included on Form 990, Part X?   |                  |              | -           |   |          |          |                |           | Yes         |        | No           |
| b      | If "Yes," explain the arrangement in Part X   | Ill and comr     | lete the fol | lowing tab  |   |          |          |                | ••• -     | 103         |        | ] 110        |
| Ň      |   |                  |              | iowing tac  | //C.                                    |          |          |                | Amount    |             |        |              |
| ~      | Beginning balance   |                  |              |             |   | 10       |          |                | Amount    |             |        |              |
| с<br>d | Additions during the year   |                  |              |             | r i i i i i i i i i i i i i i i i i i i | 1c<br>1d |          |                |           |             |        |              |
| ŭ      | Distributions during the year   |                  |              |             |   | 1e       |          |                |           |             |        |              |
| f      | Ending balance  |                  |              |             |   | 1f       |          |                |           |             |        |              |
| 2a     | Did the organization include an amount on   |                  |              |             |   |          | stodial  | account lia    | hility?   | Yes         |        | No           |
|        | If "Yes," explain the arrangement in Part X   |                  |              |             |   |          |          |                | -         |             | -      |              |
|        | rt V Endowment Funds  |                  |              | pianation   | nas bee                                 |          | Jviueu   | III F alt Alli |           |             | •      |              |
| Га     | Complete if the organization an   | swered "Ye       | s" on For    | m 990 F     | Part IV                                 | line     | 10       |                |           |             |        |              |
|        | · •   | urrent year      | (b) Prio     |             | (c) Two                                 |          |          | (d) Three ye   | ears back | (e) Four y  | ears h | hack         |
|        |   | unont you        | (6)1110      | you         | (-,                                     | ,        |          | (u) 11100 y    |           | (0) 1 001 ) |        |              |
| 1a     | Beginning of year balance   |                  |              |             |   |          |          |                |           |             |        |              |
| b      | Contributions   |                  |              |             |   |          |          |                |           |             |        |              |
| С      | Net investment earnings, gains,   |                  |              |             |   |          |          |                |           |             |        |              |
|        | and losses  |                  |              |             |   |          |          |                |           |             |        |              |
| d      | Grants or scholarships  |                  |              |             |   |          |          |                |           |             |        |              |
| е      | Other expenditures for facilities   |                  |              |             |   |          |          |                |           |             |        |              |
|        | and programs  |                  |              |             |   |          |          |                |           |             |        |              |
| f      | Administrative expenses   |                  |              |             |   |          |          |                |           |             |        |              |
| g      | End of year balance   |                  |              |             |   |          |          |                |           |             |        |              |
| 2      | Provide the estimated percentage of the c   |                  |              | e (line 1g, | column                                  | (a)) ł   | neld as  | :              |           |             |        |              |
| a      | Board designated or quasi-endowment   |                  | 6            |             |   |          |          |                |           |             |        |              |
| b      | Permanent endowment %   |                  |              |             |   |          |          |                |           |             |        |              |
| С      | Term endowment%   |                  |              |             |   |          |          |                |           |             |        |              |
| -      | The percentages on lines 2a, 2b, and 2c s   | -                |              |             |   |          |          |                |           |             |        |              |
| 3a     | Are there endowment funds not in the post   | session of th    | ie organiza  | tion that   | are helo                                | d and    | admir    | nistered for   | the       |             | /      | Na           |
|        | organization by:  |                  |              |             |   |          |          |                |           |             | ′es    | No           |
|        | (i) Unrelated organizations?  |                  |              |             |   |          |          |                |           | 3a(i)       |        |              |
|        | (ii) Related organizations?   |                  |              |             |   |          |          |                |           | 3a(ii)      |        |              |
| b      | If "Yes" on line 3a(ii), are the related organ                                      |                  |              |             |   | ?        |          |                |           | 3b          |        |              |
| 4      | Describe in Part XIII the intended uses of t  |                  | tion's endo  | wment fur   | nds.                                    |          |          |                |           |             |        |              |
| Pa     | rt VI Land, Buildings, and Equipmen<br>Complete if the organization ar              | t<br>Iswered "Ye | es" on For   | m 990 F     | Part IV                                 | line     | 11a (    | See Form       | 990 Pa    | rt X line   | 10     |              |
|        | Description of property   | (a) Cost or      |              | (b) Cost of |   |          |          | cumulated      |           | Book valu   |        |              |
|        |   | (invest          |              |             | ther)                                   | _        |          | eciation       | (*)       |             |        |              |
| 1a     | Land  |                  |              |             |   |          |          |                |           |             |        |              |
| b      | Buildings   |                  |              |             |   |          |          |                |           |             |        |              |
| С      | Leasehold improvements  |                  |              |             | .95,88                                  |          |          | 46,350.        |           |             |        | 31.          |
| d      | Equipment   |                  |              | 3           | 37,91                                   | 7.       | 1        | 37,476.        |           | 200         | ),44   | 41.          |
| e      | Other   |                  |              |             |   |          |          |                |           |             |        |              |
| Tota   | I. Add lines 1a through 1e. <i>(Column (d) mu</i>                                   | st equal Forn    | n 990, Part  | X, line 10  | c, colun                                | nn (B    | ))       |                |           | 349         | 9,9'   | 72.          |

Schedule D (Form 990) 2023

JSA 3E1269 1.000 Part VII Investments - Other Securities

| (1)       (1)         (2)       (2)         (3)       (4)         (5)       (6)         (7)       (8)         (9)       (7)         Fotal. (Column (b) must equal Form 990, Part X, line 15, col. (B)),   | Co            | omplete if the organization answered                                | "Yes" on Form 990     | , Part IV, line 11b. See Form 990   | , Part X, line 12.                          |
|---|---------------|---|-----------------------|-------------------------------------|---|
| 2) Closely held equity interests  | (a) D         | Description of security or category<br>(including name of security) | <b>(b)</b> Book value |                                     |   |
| a) Other  | Financial der | erivatives  |                       |                                     |   |
| (A)         (B)         (C)           (B)         (C)         (C)           (D)         (D)         (C)           (E)         (C)         (C)           (F)         (C)         (C)           (G)         (C)         (C)   | Closely held  | d equity interests  |                       |                                     |   |
| (B)       (C)         (C)       (C)         (C)       (C)         (F)       (C)         (G)       (   | Other         |   |                       |                                     |   |
| (C)       (C)         (D)       (C)         (D)       (C)         (E)       (C)         (G)       (   |               |   |                       |                                     |   |
| (D)       (E)       (E)         (E)       (F)       (F)         (G)       (G)       (G)         (H)       (G)       (G)         (H)       (G)       (G)         (P)       (G)       (G)         (H)       (G)       (G)         (G)       (G)       (   | ,             |   |                       |                                     |   |
| (E)       (F)         (G)       (G)         (H)       (D) must equal Form 990, Part X, line 12, col. (B))         (a) Description of investment       (b) Book value         (a) Description of investment       (b) Book value         (a) Description of investment       (b) Book value         (c) (D) must equal Form 990, Part X, line 12, col. (B))       (c) Method of valuation: Cost or end-of-year market value         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         (a) Description       (c) Must equal Form 990, Part X, line 13, col. (B))       (c) Method of valuation: Cost or end-of-year market value         (a) Description       (b) Book value       (c) Must equal Form 990, Part X, line 13, col. (B))       (c) Must equal Form 990, Part X, line 15, col. (B)),         (a) Description       (b) Boo       (c) Book value       (c) Book value         (c) Colurm (b) must equal Form 990, Part X, line 15, col. (B)),       (c) Method A sets       (c) Method A sets         (c) Description of liability       (b) Boo       (b) Boo       (c) Method A sets         (c) Colurm (b) must equal Form 990, Part X, line 15, col. (B)),       (c) Method A set (C) Method A set (C)       (c) Method A set (C)      < | -             |   |                       |                                     |   |
| (F)       (G)         (G)       (G)         (G)       (G)         (H)       (G)         Pat. (Column (b) must equal Form 990, Part X, line 12, col. (B))       (G) Nethod of valuation:         (G) Description of investment       (G) Book value       (G) Method of valuation:         (a) Description of investment       (b) Book value       (c) Method of valuation:         (a) Description of investment       (b) Book value       (c) Method of valuation:         (a) Description of investment       (b) Book value       (c) Method of valuation:         (a) Description of investment       (b) Book value       (c) Method of valuation:         (a) Description       (b) Book value       (c) Method of valuation:         (a) Description       (b) Book value       (c) Must equal Form 990, Part X, line 13, col. (B)         (a) Description       (b) Book       (c) Must equal Form 990, Part X, line 13, col. (B)         (a) Description       (b) Book       (c) Book         (a) Description       (b) Book       (c) Book         (b)       (c) Description       (c) Book         (c)       (c) Description       (c) Book         (a)       (c) Description of liability       (c) Book         (b)       (c) Description of liability       (c) Book <td>,</td> <td></td> <td></td> <td></td> <td></td>  | ,             |   |                       |                                     |   |
| (G)       (H)         (H)       (H)         (H)       (H)         (H)       (H)         (A)       (H)         (a)       Description of investment         (a)       (b)         (a)       Description of investment         (b)       Book value       (c)         (a)       Description of investment       (b)         (b)       (b)       Book value       (c)         (a)       Description of investment       (b)       Book value       (c)         (a)       Description of investment       (b)       Book value       (c)       (c)         (a)       Description       (b)       Book value       (c)       (c)       Book value       (c)       Book value       (c)       Book value       (c)       (c)       Book value       (c   | -             |   |                       |                                     |   |
| (H)       Intervention (b) must equal Form 990, Part X, line 12, col. (B))       (a) Description of investment       (b) Book value       (c) Method of valuation:<br>Cost of end-of-year market value         (a) Description of investment       (b) Book value       (c) Method of valuation:<br>Cost of end-of-year market value         (b) Book value       (c) Method of valuation:<br>Cost of end-of-year market value         (c)       (c) Method of valuation:<br>Cost of end-of-year market value         (c)       (c)         (c)       (c) Method of valuation:<br>Cost of end-of-year market value         (c)       (c)  |               |   |                       |                                     |   |
| at. (Column (b) must equal Form 990, Part X, line 12, col. (B))   |               |   |                       |                                     |   |
| Investments - Program Related<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. Col. (b) Book value       (c) Method of valuation:<br>Cost or end-of-year market value         (a) Description of investment       (b) Book value       (c) Method of valuation:<br>Cost or end-of-year market value         (a) Description of investment       (b) Book value       (c) Method of valuation:<br>Cost or end-of-year market value         (a) Description       (c) Must equal Form 990, Part X, line 13. col. (B)       (c) I         (b) Must equal Form 990, Part X, line 13. col. (B)       (c) Description         (c) Description       (c) Book         (c) Description       (c) Book         (c) Description       (c) Book         (a) Description       (c) Book         (b) Description       (c) Book         (c) Description of liability       (c) Book         (c) Description of liability       (c) Book         (c) Description of liability       (c) Book         (c) Description  | ,             |   |                       |                                     |   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, I         (a) Description of investment       (b) Book value       (c) Method of valuation:<br>Cost or end-of-year market value         1)       (a)       (b) Book value       (c) Method of valuation:<br>Cost or end-of-year market value         3)       (a)       (b) Book value       (c) Method of valuation:<br>Cost or end-of-year market value         3)       (a)       (b) Book value       (c) Method of valuation:<br>Cost or end-of-year market value         3)       (a)       (c)       (c)       (c)       (c)         3)       (a)       (c)  |               |   |                       |                                     |   |
| Cost or end-of-year market value           11         Cost or end-of-year market value           12         Cost or end-of-year market value           20         Cost or end-of-year market value           21         Cost or end-of-year market value           31         Cost or end-of-year market value           32         Cost or end-of-year market value           31         Cost or end-of-year market value           32         Cost or end-of-year market value           31         Cost or end-of-year market value           31         Cost or end-of-year market value           31         Cost or end-of-year market value           32         Cost or end-of-year market value           31         Cost or end-of-year market value           32         Cost or end-of-year market value           32         Cost or end-of-year market value           33         Cost or end-of-year market value           34         Cost or end-of-year market value           35         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15, col. (B)).           36         Complete if the organization answered "Yes" on Form 990, Part IV, line 11f. See Form 990, P line 25.           36         Complete if the organization answered "Yes" on Form 990, Part IV, line 11f. See Form 990,  | Co            | omplete if the organization answered                                |                       |                                     |   |
| 2)  | (7            | (a) Description of investment                                       | <b>(b)</b> Book value |                                     |   |
| 3)       4)   |               |   |                       |                                     |   |
| 4)  |               |   |                       |                                     |   |
| 5)  |               |   |                       |                                     |   |
| 5)  |               |   |                       |                                     |   |
| 7)  |               |   |                       |                                     |   |
| 3)       Image: Column (b) must equal Form 990, Part X, line 13, col. (B))  |               |   |                       |                                     |   |
| atl. (Column (b) must equal Form 990, Part X, line 13, col. (B))       Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, I         (a) Description       (b) Bo         (a) Description       (b) Bo         (b) Description       (c) Bo         (c) Description (b) must equal Form 990, Part X, line 15, col. (B)).       (c) Description         (c) Description of liabilities       (c) Description of liability       (c) Bo         (a) Description of liability       (b) Bo       (c) Bo         (b) Esc       (c) Description of liability       (c) Bo         (c) Description of liability       (c) Bo       (c) Bo         (c) Description of liability       (c) Bo       (c) Bo         (c) Description of liability       (c) Bo       (c) Bo         (c) Description of liability       (c) Bo<   |               |   |                       |                                     |   |
| art IX       Other Assets         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, I         (a) Description       (b) Bo         (a) Description       (b) Bo         (a) Description       (c) Bo         (a) Description       (c) Bo         (b) Bo       (c) Bo         (c) Description       (c) Description         (c) Description       (c) Description         (c) Description       (c) Description         (c) Description       (c) Description         (c) Description (b) must equal Form 990, Part X, line 15, col. (B)).       (c) Description (b) must equal Form 990, Part X, line 15, col. (B)).         (c) Column (b) must equal Form 990, Part X, line 15, col. (B)).       (c) Description of liability         (c) Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P         (c) Description of liability       (b) Bo         (c) Description of liability       (b) Bo         (c) Description of liability       (c) Bo         (c) Description of liability       (c) Bo         (c) Description of liability <td< td=""><td></td><td></td><td></td><td></td><td></td></td<>   |               |   |                       |                                     |   |
| art IX       Other Assets         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, I         (a) Description         (b) Bo         (c) Description         (c) Description of liability         (c) Description of liability     <   | (Column (b) r | must equal Form 990 Part X line 13 col. (B))                        |                       |                                     |   |
| 1)     1       2)     2)       3)     4)       5)     6)       7)     6)       7)     7)       8)     9)       other Liabilities       Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P       line 25.       (a) Description of liability       (b) Bo       3)       4)       5)       6)  | rt IX Oth     | ther Assets<br>omplete if the organization answered                 |                       | , Part IV, line 11d. See Form 990   | , Part X, line 15.<br><b>(b)</b> Book value |
| 2)  |               |   | <b>·</b>              |                                     |   |
| 3)       4)         4)       5)         5)       5)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         6)       7)         7)       7)         6)       7)         7)       7)         6)       7)         7)       7)         7)       7)         7)       7)         7)       7)         7)       7)         7)       7)         8)       7)         90       7)         90       7)         90       7)         90       7)         90       7)         90       7)         90       7)   |               |   |                       |                                     |   |
| 4)  |               |   |                       |                                     |   |
| 5)  |               |   |                       |                                     |   |
| 6)  |               |   |                       |                                     |   |
| 7)  |               |   |                       |                                     |   |
| art X       Other Liabilities<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Pline 25.         (a) Description of liability       (b) Bo         1) Federal income taxes       (b) Bo         3)       (b) Bo         4)       (c)         5)       (c)  |               |   |                       |                                     |   |
| art X       Other Liabilities<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Pline 25.         (a) Description of liability       (b) Bo         1) Federal income taxes   |               |   |                       |                                     |   |
| Other Liabilities       Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P         line 25.       (a) Description of liability       (b) Bo         1) Federal income taxes   |               |   |                       |                                     |   |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, P         (a) Description of liability       (b) Bo         1) Federal income taxes       (b) Bo         2)       (c) Description of liability       (c) Description         3)       (c) Description of liability       (c) Description         4)       (c) Description       (c) Description         5)       (c) Description       (c) Description   |               |   | ;ol. (B))             | <u> </u>                            |   |
| 1) Federal income taxes     1)       2)     1)       3)     1)       4)     1)       5)     1)       6)     1)  | Co            | omplete if the organization answered                                | "Yes" on Form 990     | , Part IV, line 11e or 11f. See For | m 990, Part X,                              |
| 1) Federal income taxes     1)       2)     1)       3)     1)       4)     1)       5)     1)  |               | (a) Descript  | tion of liability     |                                     | (b) Book value                              |
| 2)<br>3)<br>4)<br>5)<br>6)  | Federal inc   | icome taxes   |                       |                                     |   |
| 3)  |               |   |                       |                                     |   |
| 4)  |               |   |                       |                                     |   |
| 6)  |               |   |                       |                                     |   |
|   |               |   |                       |                                     |   |
|   |               |   |                       |                                     |   |
| 7)  |               |   |                       |                                     |   |
| 8)  |               |   |                       |                                     |   |
| 9)  |               |   |                       |                                     |   |
| otal. (Column (b) must equal Form 990, Part X, line 25, col. (B))   |               |   |                       |                                     |   |
| Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports ganization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part   |               |   |                       |                                     |   |

| Schedu   | IN C EMPTY STOCKING FUND INC  | 23-          | -7159125 Page <b>4</b> |
|--|---|--------------|------------------------|
| Part   | XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | n            |                        |
| 1  | Total revenue, gains, and other support per audited financial statements  | 1            | 2,388,380.             |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12:   |              |                        |
| а  | Net unrealized gains (losses) on investments <b>2a</b> 247,749.   |              |                        |
| b  | Donated services and use of facilities 2b   |              |                        |
| с  | Recoveries of prior year grants   |              |                        |
| d  | Other (Describe in Part XIII.)  |              |                        |
| е  | Add lines 2a through 2d   | 2e           | 247,749.               |
| 3  | Subtract line 2e from line 1  | 3            | 2,140,631.             |
| 4  | Amounts included on Form 990, Part VIII, line 12, but not on line 1:  |              |                        |
| а  | Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,097.   |              |                        |
| b  | Other (Describe in Part XIII.) 4b   |              |                        |
| с  | Add lines 4a and 4b   | 4c           | 11,097.                |
| 5  | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)   | 5            | 2,151,728.             |
|  |   |              |                        |
| Part   | XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | urn          |                        |
| Part   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   | urn          | 2,452,209.             |
|  |   |              | 2,452,209.             |
| 1  | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.<br>Total expenses and losses per audited financial statements<br>Amounts included on line 1 but not on Form 990, Part IX, line 25:  |              | 2,452,209.             |
| 1<br>2   | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities   |              | 2,452,209.             |
| 1<br>2<br>a                                    | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments  |              | 2,452,209.             |
| 1<br>2<br>a<br>b                               | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements  |              | 2,452,209.             |
| 1<br>2<br>a<br>b<br>c                          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)  |              | 2,452,209.             |
| 1<br>2<br>b<br>c<br>d                          | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d  | 1            | 2,452,209.             |
| 1<br>2<br>b<br>c<br>d<br>e                     | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1   | 1<br>2e      |                        |
| 1<br>2<br>b<br>c<br>d<br>e<br>3                | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:  | 1<br>2e      |                        |
| 1<br>2<br>b<br>c<br>d<br>e<br>3<br>4           | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a11,097.  | 1<br>2e      |                        |
| 1<br>2<br>b<br>c<br>d<br>8<br>3<br>4<br>2      | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.) | 1<br>2e      |                        |
| 1<br>2<br>b<br>c<br>d<br>e<br>3<br>4<br>a<br>b | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.Total expenses and losses per audited financial statementsAmounts included on line 1 but not on Form 990, Part IX, line 25:Donated services and use of facilitiesPrior year adjustmentsOther lossesOther lossesOther (Describe in Part XIII.)Add lines 2a through 2dSubtract line 2e from line 1Amounts included on Form 990, Part IX, line 25, but not on line 1:Investment expenses not included on Form 990, Part VIII, line 7b4a11,097.  | 1<br>2e<br>3 | 2,452,209.             |

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.

SEE SUPPLEMENTAL PAGE

JSA

SCH D, PART X: ASC 740 FOOTNOTE

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION ANNUALLY EVALUATES ALL FEDERAL AND STATE INCOME TAX POSITIONS. THIS PROCESS INCLUDES AN ANALYSIS OF WHETHER THESE INCOME TAX POSITIONS THE ORGANIZATION TAKES MEET THE DEFINITION OF AN UNCERTAIN TAX POSITION UNDER THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS CODIFICATION. IN THE NORMAL COURSE OF BUSINESS, THE ORGANIZATION IS SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES. IN GENERAL, THE ORGANIZATION IS NO LONGER SUBJECT TO TAX EXAMINATIONS FOR THE YEARS ENDING BEFORE MARCH 31, 2021.

| SCHEDULE I   | 0                                       | Grants a        | nd Other A                         | Assistance t             | o Organiza                       | itions,   | F                                     | OMB No. 1545-0047                     |
|--|---|-----------------|------------------------------------|--------------------------|----------------------------------|---|---------------------------------------|---------------------------------------|
| (Form 990)   |   | 2023            |                                    |                          |                                  |   |                                       |                                       |
|  | Comp                                    | plete if the or | -                                  | wered "Yes" on F         | orm 990, Part IV                 | , line 21 or 22.  |                                       |                                       |
| Department of the Treasury                           |   | 0               |                                    | tach to Form 990.        | test information                 |   |                                       | Open to Public<br>Inspection          |
| Internal Revenue Service<br>Name of the organization |   | Got             | o www.irs.gov/                     | Form990 for the la       | test information.                |   | Employer identific                    |                                       |
| EMPTY STOCKING                                       | FIIND INC                               |                 |                                    |                          |                                  |   | 23-715912                             |                                       |
|  | nformation on Grants and                | d Assistanc     | e                                  |                          |                                  |   | 23-713912                             | .5                                    |
|  | zation maintain records to su           |                 |                                    | e grants or assista      | nce, the grantees                | ' eligibility for the gran                                  | ts or assistance. an                  | d                                     |
|  | teria used to award the grant           |                 |                                    | •                        | -                                | • • •   |                                       |                                       |
|  | IV the organization's proced            |                 |                                    |                          |                                  |   |                                       |                                       |
| Part II Grants a                                     | nd Other Assistance to D                | omestic Or      | ganizations ar                     | nd Domestic Gov          | vernments. Com                   | plete if the organiz  | ation answered                        | 'Yes" on Form 990,                    |
|  | ne 21, for any recipient th             |                 | -                                  |                          |                                  | •   |                                       |                                       |
| <b>1 (a)</b> Name an<br>or                           | d address of organization<br>government | <b>(b)</b> EIN  | (c) IRC section<br>(if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance |
| (1)  |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (2)  |   | -               |                                    |                          |                                  |   |                                       |                                       |
| (3)  |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (4)  |   | -               |                                    |                          |                                  |   |                                       |                                       |
| (5)  |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (6)  |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (7)  |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (8)  |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (9)  |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (10)   |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (11)   |   | _               |                                    |                          |                                  |   |                                       |                                       |
| (12)   |   | -               |                                    |                          |                                  |   |                                       |                                       |
| 2 Enter total numb                                   | per of section 501(c)(3) and g          | government o    | ⊥<br>organizations lis             | ted in the line 1 tal    | ble                              |   |                                       |                                       |
|  | per of other organizations list         |                 |                                    |                          |                                  |   |                                       |                                       |
|  |   |                 |                                    |                          |                                  |   |                                       |                                       |

### EMPTY STOCKING FUND INC

23-7159125

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                                   | <b>(b)</b> Number of recipients | (c) Amount of cash grant | <b>(d)</b> Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--|--|--|
|   |                                 |                          |  |  |  |
| SCHOOL SUPPLIES, TOYS, AND GIFTS                                  | 50,000                          |                          | 1,329,985.                               | FMV  | SUPPLIES AND GIFTS                     |
| 2   |                                 |                          |  |  |  |
| _ 3   |                                 |                          |  |  |  |
| 4   |                                 |                          |  |  |  |
| _ 5   |                                 |                          |  |  |  |
| _ 6   |                                 |                          |  |  |  |
| 7   |                                 |                          |  |  |  |
| <b>Part IV</b> Supplemental Information. Provide the information. | information re                  | equired in Part I,       | line 2, Part III, o                      | column (b); and any o  | ther additional                        |

SCH I, PART IV

### THE EMPTY STOCKING FUND (ESF) BRINGS JOY TO THE LIVES OF DISADVANTAGED

### CHILDREN BY PROVIDING TOYS AND GIFTS DURING THE HOLIDAY SEASON AND OTHER

### CORE ESSENTIAL SUPPLIES THROUGHOUT THE YEAR TO SUPPORT POSITIVE SOCIAL

AND EMOTIONAL DEVELOPMENT AND ACADEMIC SUCCESS.

THROUGH RELATIONSHIPS WITH WHOLESALE DISTRIBUTORS AND IN-KIND DONATIONS

FROM TRUSTED CORPORATIONS, THE EMPTY STOCKING FUND ACQUIRES BRAND NEW

ITEMS IN SUFFICIENT QUANTITIES TO OFFER A VARIETY OF AGE- AND

# PUBLIC INSPECTION COPY

### EMPTY STOCKING FUND INC

23-7159125

# Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance                 | <b>(b)</b> Number of recipients | <b>(c)</b> Amount of cash grant | (d) Amount of non-cash assistance | <b>(e)</b> Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|---------------------------------|-----------------------------------|--|--|
| 1   |                                 |                                 |                                   |  |  |
| 2   |                                 |                                 |                                   |  |  |
| 3   |                                 |                                 |                                   |  |  |
|   |                                 |                                 |                                   |  |  |
|   |                                 |                                 |                                   |  |  |
| 5   |                                 |                                 |                                   |  |  |
| 6   |                                 |                                 |                                   |  |  |
| 7 Part IV Supplemental Information. Provide the | information re                  | equired in Part I,              | line 2, Part III, d               | column (b); and any c  | ther additional                        |

information.

GENDER-APPROPRIATE HOLIDAY GIFT CHOICES AND CORE SCHOOL SUPPLIES.

IN DECEMBER, WE INVITE PARENTS AND GUARDIANS OF CHILDREN THAT QUALIFY FOR

BENEFITS THROUGH THE STATE OF GEORGIA TO SHOP FOR GIFTS FOR THEIR

CHILDREN.

DURING BACK TO SCHOOL SEASON, WE PROVIDE SCHOOL SUPPLIES TO TEACHERS AND

STUDENTS OF LOCAL TITLE 1 SCHOOLS(SCHOOLS WITH 80% OR MORE OF THEIR

STUDENTS RECEIVING FREE OR REDUCED MEALS).

Schedule I (Form 990) (2023)

Page 2

# PUBLIC INSPECTION COPY

### SCHEDULE M (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

### EMPTY STOCKING FUND INC

Employer identification number 23-7159125

| Par  | t Types of Property                                       |                                      |   |  |                           |     |     |    |
|------|---|--------------------------------------|---|--|---------------------------|-----|-----|----|
|      |   | <b>(a)</b><br>Check if<br>applicable | <b>(b)</b><br>Number of contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | Method of<br>noncash cont |     |     |    |
| 1    | Art - Works of art  |                                      |   |  |                           |     |     |    |
| 2    | Art - Historical treasures                                |                                      |   |  |                           |     |     |    |
| 3    | Art - Fractional interests                                |                                      |   |  |                           |     |     |    |
| 4    | Books and publications                                    |                                      |   |  |                           |     |     |    |
| 5    | Clothing and household                                    |                                      |   |  |                           |     |     |    |
|      | goods   |                                      |   |  |                           |     |     |    |
| 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>SCHOOL SUPPLIES</u> )                          | X                                    | 7   |  | FMV                       |     |     |    |
| 26   | Other (FOOD/MEALS)  | X                                    | 1   | 6,650.   | FMV                       |     |     |    |
| 27   | Other ()  |                                      |   |  |                           |     |     |    |
| 28   |   |                                      |   |  | <u> </u>                  |     |     |    |
| 29   | Number of Forms 8283 received                             |                                      |   |  |                           |     |     |    |
|      | which the organization completed I                        | Form 8283,                           | Part V, Donee Acknowledge                                     | ement  | 29                        |     |     |    |
|      |   |                                      |   |  |                           |     | Yes | No |
| 30a  | During the year, did the organizat                        |                                      |   |  | -                         |     |     |    |
|      | 28, that it must hold for at least 3                      |                                      |   |  |                           |     |     |    |
| _    | used for exempt purposes for the e                        | -                                    | period?   |  | • • • • • • • •           | 30a |     | X  |
|      | If "Yes," describe the arrangement                        |                                      |   |  |                           |     |     |    |
| 31   | Does the organization have a                              |                                      |   | -  |                           | 24  |     | 37 |
| 20.5 | contributions?  |                                      |   |  |                           | 31  |     | X  |
| 32a  | Does the organization hire or use                         |                                      |   |  |                           | 22- |     | 37 |
|      | contributions?  |                                      |   |  | • • • • • • • •           | 32a |     | X  |
|      | If "Yes," describe in Part II.                            | ana a surt lu                        | aluman (a) for a firm of                                      | noutry for which a channel (   |                           |     |     |    |
| 33   | If the organization didn't report an describe in Part II. | amount in c                          | column (c) for a type of pro                                  | perty for which column (a  | ) is checked,             |     |     |    |

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

JSA

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1.000 6904RW 9242 12/06/2024 07:23:03 USSPECTION COPY **Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCH M, PART I

NUMBER OF CONTRIBUTORS IS REPORTED IN COLUMN B.

### 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. ► Attach to Form 990 or 990-EZ.



 

 Department of the Treasury Internal Revenue Service
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

 Name of the organization
 Employer ide

Employer identification number 23-7159125

EMPTY STOCKING FUND INC

### FORM 990, PART VI, LINE 11B

FORM 990 REVIEW PROCESS:

THE EXECUTIVE DIRECTOR WILL PROVIDE THE BOARD OF DIRECTORS WITH A COPY OF

FORM 990 FOR THEIR REVIEW PRIOR TO FILING THE RETURNS.

### FORM 990, PART VI, LINE 12C

EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS:

EACH YEAR BOARD MEMBERS ARE GIVEN A SURVEY TO COMPLETE AND SIGN RELATIVE

TO CONFLICT OF INTEREST WITH THE ORGANIZATION.

### FORM 990, PART VI, LINE 15A

COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT:

COMPENSATION IS REVIEWED BY A COMMITTEE AND COMPARED TO A SURVEY OF OTHER

REGIONAL NONPROFIT ORGANIZATIONS.

### FORM 990, PART VI, LINE 19

OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE:

FORM 990 AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE COMPANY WEBSITE.

| Schedule O (Form 990 or 990-EZ) 2023 |                                |  |  |  |  |
|--------------------------------------|--------------------------------|--|--|--|--|
| Name of the organization             | Employer identification number |  |  |  |  |
| EMPTY STOCKING FUND INC              | 23-7159125                     |  |  |  |  |

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION \_\_\_\_\_

THE EMPTY STOCKING FUND (ESF) BRINGS JOY TO THE LIVES OF DISADVANTAGED CHILDREN BY PROVIDING TOYS AND GIFTS DURING THE HOLIDAY SEASON AND OTHER CORE ESSENTIAL SUPPLIES THROUGHOUT THE YEAR TO SUPPORT POSITIVE SOCIAL AND EMOTIONAL DEVELOPMENT AND ACADEMIC SUCCESS.

JSA