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

ERO firm name

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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. ERO's signature	Date	02/15/2025									
ERO Must Retain This Form - See Instructions 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 3X3008 3.000 $6904RW$ 9242 12 $06/2024$ 07.23.03 $\nabla 23-7$ .	$ON_{6}CO$	PY									

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## **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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prior Forr If "Yes," d 3 Did the services? If "Yes," d 4 Describe expenses the total d 4 (Code:	n 990 or 990-EZ? escribe these new services or organization cease conduct escribe these changes on So the organization's program . Section 501(c)(3) and 50 expenses, and revenue, if any ) (Expenses \$	on Schedule O. ting, or make signif chedule O. service accomplishr 1(c)(4) organizations /, for each program se	icant changes in he nents for each of its are required to repo	ow it conducts, any progr s three largest program se	Yes X No ram Yes X No 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 escribe these changes on So the organization's program . Section 501(c)(3) and 50 expenses, and revenue, if any ) (Expenses \$) (Expenses \$)	ting, or make signif chedule O. service accomplishr 1(c)(4) organizations /, for each program se	nents for each of its are required to repo	s three largest program se	Yes X No
4 Describe expenses the total of 4a (Code:	the organization's program . Section 501(c)(3) and 50 expenses, and revenue, if any ) (Expenses \$	service accomplishr 1(c)(4) organizations /, for each program se	are required to repo		
<b>4a</b> (Code:	)(Expenses \$) 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				
	<u>FUNITY TO SHOP FOR T</u> G THE HOLIDAY SEASON				
	ZATION PROVIDES SCH			•	
	TITLE 1 SCHOOLS. IN				
	NT SUPPLY KITS AND 2				
SERVEI	D APPROXIMATELY 2,00	0 TEACHERS THR	OUGH ITS FREE S	STORE FOR	
TEACHI	ERS.				
4b (Code:	) (Expenses \$	including	grants of \$	) (Revenue \$	)
	/\\		J · ·	/ \(	/
4c (Code:	) (Expenses \$	including	grants of \$	) (Revenue \$	)
`			<b>.</b>	/	,
	gram services (Describe on			¢ ``	
(Expense	s \$ including gram service expenses	g grants of \$	) (Revenue	۵ )	
<b>4e</b> Total prog JSA 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 3E1021			990	(2023)
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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> . 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 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 3E1030	reportable gaming (gambling) winnings to prize winners?	Form	990	(2023)
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### EMPTY STOCKING FUND INC

Form 990 (2023)

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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. 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?	, 7b		x
8		e organization contemporaneously document the meetings held or written actions undertaken during			
0			,		
	-	ar by the following:	8a	x	
a h		overning body?	8b	X	
ь 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?	, 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 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 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 hly) available for public inspection. Indicate how you made these available. Check all that apply. 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			
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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 hours         Gan of the km core han one box unless genors is both in organizations         Reportable compensation from the organizations         Estimated amount compensation from the organizations         Estimated amount compensation from the organizations         Estimated amount compensation from the organizations         Estimated amount compensation from the organizations         Estimated compensation from the 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> Position				(D)	(E)	(F)		
bourse bourse bour, unless person is both an officer and advector/future in the organizations (W.2) (1099-NEC)compensation from the organizations (W.2) (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
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(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 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				
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(8) NATHAN CUNNINGHAM1.00 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	-								
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(10) KRISTINE JORDAN1.00 NONEXXNONENONECHAIRMANNONENONEXXNONENONE(11) SANDEEP KHARIDHI1.00 DIRECTOR1.00 NONENONENONENONE(12) BETH LITTLE1.00 SECRETARY1.00 NONENONENONENONE(13) JOSEPH MANUSAKIS1.00 TREASURERNONEXXNONENONE(14) BRIAN NEALON1.00 VICE CHAIR1.00 NONEXXNONENONEVICE CHAIRNONEXXNONENONENONE	(9) SARA MILLER	1.00									
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(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	-								
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(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)

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### EMPTY STOCKING FUND INC

art VII Section A. Officers, Directors, T (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i box,	not ch unles	Pos heck	c) sition more erson lirect	e than o is both or/trust	ne an ee)	<b>(D)</b> Reportable compensation from the	(E) Reportable compensation fror related organizations	n a co	<b>(F)</b> (F) Estimated amount of other mpensati	of
Name and title	Average hours per week (list any hours for related organizations below dotted	box, office	unles er and	Pos heck ss pe d a d	ition more erson lirect	is both or/trust	an ee)	Reportable compensation from the	Reportable compensation fror related organizations	n a co	Estimated amount of other	of
	organizations below dotted	Individual tr or director	Institutio	Office	Key	en ⊒i	Л				•	on
		ustee	onal trustee	ər	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	) or a	from the ganizatio nd related ganization	on d
5) <u>CHRISTINA MOYLAN</u> IRECTOR	<u>1.00</u> 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- 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) Total number of individuals (including but no							► P re	200,000. ceived more than	NON \$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: (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 (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under
iifts, Grants, ar Amounts	1a b c d	Federated campaigns1aMembership dues1bFundraising events1cRelated organizations1d					sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	e f 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. 522,865.				
aCo	h	Total. Add lines 1a-1f		1,701,707.			
0			Business Code				
Program Service Revenue	2a b c	SCHOOL SUPPLY PROGRAM		404,531.	404,531.		
ogra	d e						
Pr	f	All other program service revenue					
	g	Total. Add lines 2a-2f		404,531.			
	3	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt bond		29,674. NONE			29,674.
	5	Royalties	•	NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b 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 events (not including \$ of contributions reported on line 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_ Net income or (loss) from gaming activities	NONE	NONE			
	с 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 c						
Miscellaneous Revenue	d e	All other revenue		3,066.			
10.4	12	Total revenue. See instructions	<u></u>	2,151,728.	404,531.		45,490.
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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, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising 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 organizations, foreign governments, and 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)

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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 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 30	
30	Retained earnings, endowment, accumulated income, or other funds		30 31	
27 28 29 30 31 32	Total net assets or fund balances	2,685,419.	31 32	2 601 E0
33	Total liabilities and net assets/fund balances			2,621,59
55		3,670,519.	33	3,407,29 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 support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt f nent income and u n after June 30, 1	bre than 331/3 % of its functions, subject to c nrelated business tax 975. See <b>section 509</b> usively to test for publ	ertain e: able inco <b>(a)(2).</b> (0	xceptions ome (les Complete	s; and (2) no more tha s section 511 tax) fron 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 above (see instructions))	-	our governing ment?	support (see instructions)	other support (see 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 membership fees received. (Do not 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 organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the 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 each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						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, payments received on securities loans, rents, royalties, and income from similar sources	47,672.	44,758.	32,690.	28,669.	29,674.	183,463.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (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 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 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.) 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. tion C. Computation of Public Supp						•••••
15	Public support percentage for 2023 (line 8,		-	ump (f))		45	%
		.,	•			15	%
16 Sec	Public support percentage from 2022 Sche 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 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
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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) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable 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. Breakdown of line 7:					
8						
 	Excess from 2019					
	Excess from 2020 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 Payroll X Noncash X (Complete Part II for 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 Payroll Noncash (Complete Part II for 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
	<u>N/A</u>	\$78,126.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Schedule B 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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	VARIOUS SCHOOL SUPPLIES		03/01/2024
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4_	VARIOUS SCHOOL SUPPLIES	\$78,126	03/01/2024
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) 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. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	<b>the year from any</b> ions completing Par 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> of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	_	hip of transferor to transferee		
(a) No. from 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, and ZIP + 4 Relationship of transferor to transferee					
(a) No. from 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. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transf and ZIP + 4	-	hip of transferor to transferee		
				Schedule B (Form 990) (2023)		

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(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. Form990 for instructions and	d the letest inform	ation		Open to Public
	nal Revenue Service 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 ⊾		onservation easements			2a 2b		
b	0	tricted by conservation easements			20 2c		
c d		vation easements on a certified 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	 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 treasures, or other similar asse Part XIII the text of the footnote	ts held for public exhibit	ion. education.	or re	search in fu	alance sheet works rtherance of public
b	art, historical treas provide the follow	n elected, as permitted under Fa sures, or other similar assets he ing amounts relating to these iter	ld for public exhibition, e 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 h	Revenue included	on Form 990, Part VIII, line 1.				••••\$. ¢	

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

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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 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 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 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 Complete if the organization ar	t 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 (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: Cost of end-of-year market value         (a) Description of investment       (b) Book value       (c) Method of valuation: Cost of end-of-year market value         (b) Book value       (c) Method of valuation: Cost of end-of-year market value         (c)       (c) Method of valuation: Cost of end-of-year market value         (c)       (c)         (c)       (c) Method of valuation: 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 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: 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) 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: Cost or end-of-year market value         1)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         3)       (a)       (b) Book value       (c) Method of valuation: Cost or end-of-year market value         3)       (a)       (b) Book value       (c) Method of valuation: 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 omplete if the organization answered		, Part IV, line 11d. See Form 990	, Part X, line 15. <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 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 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) 3) 4) 5) 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 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 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. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		2,452,209.
1 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 2 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 2 a 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 2 a b 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 2 b c 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 2 b c d 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 2e	
1 2 b c d e 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 2e	
1 2 b c d e 3 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 2e	
1 2 b c d 8 3 4 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 2e	
1 2 b c d e 3 4 a 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 2e 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 Inspection
Internal Revenue Service 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 or	d address of organization government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)		_						
(2)		-						
(3)		_						
(4)		-						
(5)		_						
(6)		_						
(7)		_						
(8)		_						
(9)		_						
(10)		_						
(11)		_						
(12)		-						
2 Enter total numb	per of section 501(c)(3) and g	government o	⊥ 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> Check if applicable	<b>(b)</b> Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of 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