

Return of Organization Exempt From Income Tax

(Rev. January 2020)

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2019

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 2019, and ending 2020

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Empty Stocking Corporation. D Employer identification number: 63-1017792. E Telephone number: 256-237-1664. G Gross receipts \$ 88,722.

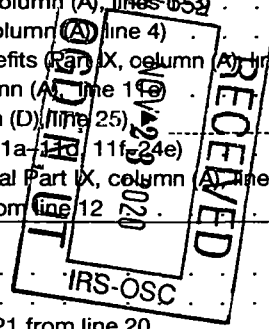
I Tax-exempt status: 501(c)(3). H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No.

J Website: K Form of organization: Corporation. L Year of formation: 1990. M State of legal domicile: AL.

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Primary mission is to raise funds to purchase Christmas gifts for dependants in the care of the Department of Human Resources. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body: 24. 4 Number of independent voting members of the governing body. 5 Total number of individuals employed in calendar year 2019. 6 Total number of volunteers. 7a Total unrelated business revenue. 7b Net unrelated business taxable income.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances. Rows 8-19: Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue, Grants and similar amounts paid, Benefits paid, Salaries, Other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses. Rows 20-22: Total assets, Total liabilities, Net assets or fund balances.



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer: Kenny Steppes, Date: 11-12-20. Type or print name and title: Kenny Steppes, Treasurer.

Paid Preparer Use Only: Preparer's name: Michael Askow CPA, Preparer's signature: [Signature], Date: 11/10/20, Check self-employed: Yes, PTIN: PO1218071, Firm's name: Michael D Askow & Associates, Firm's EIN: 63-1034974, Firm's address: 24 E 12th St Anniston AL 36201, Phone no: 256-237-1664.

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

SCANNED FEB 24 2022

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
Mission is to provide Christmas gifts to children within the care of the Dept of Human Resources. Secondary, the organization may provide contributions to other 501(c)(3) organizations that assist children & families.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: 1 ) (Expenses \$ 51,648 including grants of \$ ) (Revenue \$ 84,913 )  
Purchased Christmas gifts for children in the care of Dept of Human Resources in selected states & territories in Arkansas.

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

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

4d Other program services (Describe on Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses ▶

AD

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Rows include questions 1 through 21, with sub-questions a-f for question 11. Checkmarks are present in the 'Yes' or 'No' columns for various rows.

**Part IV Checklist of Required Schedules (continued)**

|     |   | Yes                                 | No                                  |
|-----|---|-------------------------------------|-------------------------------------|
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>  |                                     | <input checked="" type="checkbox"/> |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>   |                                     | <input checked="" type="checkbox"/> |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>   |                                     | <input checked="" type="checkbox"/> |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   |                                     | <input checked="" type="checkbox"/> |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  |                                     | <input checked="" type="checkbox"/> |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   |                                     | <input checked="" type="checkbox"/> |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>  |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part I</i>  |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule L, Part II</i>   |                                     | <input checked="" type="checkbox"/> |
| 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> |                                     | <input checked="" type="checkbox"/> |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  |                                     |                                     |
| a   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>   |                                     | <input checked="" type="checkbox"/> |
| b   | A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>  |                                     | <input checked="" type="checkbox"/> |
| c   | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>  |                                     | <input checked="" type="checkbox"/> |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>   |                                     | <input checked="" type="checkbox"/> |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>   |                                     | <input checked="" type="checkbox"/> |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>   |                                     | <input checked="" type="checkbox"/> |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>   |                                     | <input checked="" type="checkbox"/> |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>   |                                     | <input checked="" type="checkbox"/> |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>   |                                     | <input checked="" type="checkbox"/> |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   |                                     | <input checked="" type="checkbox"/> |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |                                     | <input checked="" type="checkbox"/> |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>  |                                     | <input checked="" type="checkbox"/> |
| 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? <i>If "Yes," complete Schedule R, Part VI</i>  |                                     | <input checked="" type="checkbox"/> |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.  | <input checked="" type="checkbox"/> |                                     |

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

**Section A. Governing Body and Management**

|           |   | Yes                                 | No                                  |
|-----------|---|-------------------------------------|-------------------------------------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year . . . . .   |                                     |                                     |
|           | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.           |                                     |                                     |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent . . . . .  |                                     |                                     |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . |                                     | <input checked="" type="checkbox"/> |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>6</b>  | Did the organization have members or stockholders? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |                                     |                                     |
| <b>8a</b> | a The governing body? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>8b</b> | b Each committee with authority to act on behalf of the governing body? . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . .      |                                     | <input checked="" type="checkbox"/> |

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

|            |  | Yes                                 | No                                  |
|------------|--|-------------------------------------|-------------------------------------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>10b</b> | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .   |                                     |                                     |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .  |                                     |                                     |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12b</b> | b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | <input checked="" type="checkbox"/> |                                     |
| <b>12c</b> | c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .   | <input checked="" type="checkbox"/> |                                     |
| <b>13</b>  | Did the organization have a written whistleblower policy? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>14</b>  | Did the organization have a written document retention and destruction policy? . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |                                     |                                     |
| <b>15a</b> | a The organization's CEO, Executive Director, or top management official . . . . .   |                                     | <input checked="" type="checkbox"/> |
| <b>15b</b> | b Other officers or key employees of the organization . . . . .  |                                     | <input checked="" type="checkbox"/> |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). . . . .  |                                     |                                     |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .  |                                     | <input checked="" type="checkbox"/> |
| <b>16b</b> | b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . . |                                     |                                     |

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ▶

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)

**19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶  
Kenny Stepp P O Box 118 Choccolocaz FL 336254 256-282-2454

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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.

| (A)<br>Name and title         | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                               |  | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) Steven Lines<br>President | 3  |  |                       | ✓       |              |                              | 0      | 0  | 0   |   |
| (2) Henry Steppe<br>Treasurer | 3  |  |                       | ✓       |              |                              | 0      | 0  | 0   |   |
| (3) Ashley Lines<br>Secretary | 1  |  |                       | ✓       |              |                              | 0      | 0  | 0   |   |
| (4)                           |  |  |                       |         |              |                              |        |  |   |   |
| (5)                           |  |  |                       |         |              |                              |        |  |   |   |
| (6)                           |  |  |                       |         |              |                              |        |  |   |   |
| (7)                           |  |  |                       |         |              |                              |        |  |   |   |
| (8)                           |  |  |                       |         |              |                              |        |  |   |   |
| (9)                           |  |  |                       |         |              |                              |        |  |   |   |
| (10)                          |  |  |                       |         |              |                              |        |  |   |   |
| (11)                          |  |  |                       |         |              |                              |        |  |   |   |
| (12)                          |  |  |                       |         |              |                              |        |  |   |   |
| (13)                          |  |  |                       |         |              |                              |        |  |   |   |
| (14)                          |  |  |                       |         |              |                              |        |  |   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (15)   |  |   |                       |         |              |                              |        |  |   |   |
| (16)   |  |   |                       |         |              |                              |        |  |   |   |
| (17)   |  |   |                       |         |              |                              |        |  |   |   |
| (18)   |  |   |                       |         |              |                              |        |  |   |   |
| (19)   |  |   |                       |         |              |                              |        |  |   |   |
| (20)   |  |   |                       |         |              |                              |        |  |   |   |
| (21)   |  |   |                       |         |              |                              |        |  |   |   |
| (22)   |  |   |                       |         |              |                              |        |  |   |   |
| (23)   |  |   |                       |         |              |                              |        |  |   |   |
| (24)   |  |   |                       |         |              |                              |        |  |   |   |
| (25)   |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Subtotal</b>   |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| <i>None</i>                      |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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



**Part VIII Statement of Revenue**

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

|   |   |   | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512-514 |  |
|---|---|---|----------------------|--|--------------------------------------|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .   | <b>1a</b>            |  |                                      |   |  |
|   | <b>b</b>  | Membership dues . . . . .   | <b>1b</b>            | 3800   |                                      |   |  |
|   | <b>c</b>  | Fundraising events . . . . .  | <b>1c</b>            | 84,913                                       |                                      |   |  |
|   | <b>d</b>  | Related organizations . . . . .   | <b>1d</b>            |  |                                      |   |  |
|   | <b>e</b>  | Government grants (contributions)   | <b>1e</b>            |  |                                      |   |  |
|   | <b>f</b>  | All other contributions, gifts, grants,<br>and similar amounts not included above           | <b>1f</b>            |  |                                      |   |  |
|   | <b>g</b>  | Noncash contributions included in<br>lines 1a-1f . . . . .                                  | <b>1g</b>            | \$   |                                      |   |  |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . . ▶   |                      | 88,713                                       |                                      |   |  |
|   | <b>Program Service Revenue</b>  | <b>2a</b>   | Business Code        |  |                                      |   |  |
| <b>b</b>  |   |   |                      |  |                                      |   |  |
| <b>c</b>  |   |   |                      |  |                                      |   |  |
| <b>d</b>  |   |   |                      |  |                                      |   |  |
| <b>e</b>  |   |   |                      |  |                                      |   |  |
| <b>f</b>  |   | All other program service revenue . . . . .   |                      |  |                                      |   |  |
| <b>g</b>  |   | <b>Total.</b> Add lines 2a-2f . . . . . ▶   |                      |  |                                      |   |  |
| <b>Other Revenue</b>  | <b>3</b>  | Investment income (including dividends, interest, and<br>other similar amounts) . . . . . ▶ |                      | 9  |                                      |   |  |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds ▶  |                      |  |                                      |   |  |
|   | <b>5</b>  | Royalties . . . . . ▶   |                      |  |                                      |   |  |
|   | <b>6a</b>   | Gross rents . . . . .   | (i) Real             |  |                                      |   |  |
|   |   |   | (ii) Personal        |  |                                      |   |  |
|   |   |   | <b>6a</b>            |  |                                      |   |  |
|   | <b>b</b>  | Less: rental expenses   | <b>6b</b>            |  |                                      |   |  |
|   | <b>c</b>  | Rental income or (loss)   | <b>6c</b>            |  |                                      |   |  |
|   | <b>d</b>  | Net rental income or (loss) . . . . . ▶   |                      |  |                                      |   |  |
|   | <b>7a</b>   | Gross amount from<br>sales of assets<br>other than inventory                                | (i) Securities       |  |                                      |   |  |
|   |   |   | (ii) Other           |  |                                      |   |  |
|   |   |   | <b>7a</b>            |  |                                      |   |  |
|   | <b>b</b>  | Less: cost or other basis<br>and sales expenses . . . . .                                   | <b>7b</b>            |  |                                      |   |  |
|   | <b>c</b>  | Gain or (loss) . . . . .  | <b>7c</b>            |  |                                      |   |  |
|   | <b>d</b>  | Net gain or (loss) . . . . . ▶  |                      |  |                                      |   |  |
| <b>8a</b>   | Gross income from fundraising<br>events (not including \$<br>of contributions reported on line<br>1c). See Part IV, line 18 . . . . . |   |                      |  |                                      |   |  |
|   |   | <b>8a</b>   |                      |  |                                      |   |  |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>8b</b>   |                      |  |                                      |   |  |
| <b>c</b>  | Net income or (loss) from fundraising events . . . . . ▶  |   |                      |  |                                      |   |  |
| <b>9a</b>   | Gross income from gaming<br>activities. See Part IV, line 19 . . . . .  |   |                      |  |                                      |   |  |
|   |   | <b>9a</b>   |                      |  |                                      |   |  |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>9b</b>   |                      |  |                                      |   |  |
| <b>c</b>  | Net income or (loss) from gaming activities . . . . . ▶   |   |                      |  |                                      |   |  |
| <b>10a</b>  | Gross sales of inventory, less<br>returns and allowances . . . . .  |   |                      |  |                                      |   |  |
|   |   | <b>10a</b>  |                      |  |                                      |   |  |
| <b>b</b>  | Less: cost of goods sold . . . . .  | <b>10b</b>  |                      |  |                                      |   |  |
| <b>c</b>  | Net income or (loss) from sales of inventory . . . . . ▶  |   |                      |  |                                      |   |  |
| <b>Miscellaneous Revenue</b>                                  | <b>11a</b>  | Business Code   |                      |  |                                      |   |  |
|   | <b>b</b>  |   |                      |  |                                      |   |  |
|   | <b>c</b>  |   |                      |  |                                      |   |  |
|   | <b>d</b>  | All other revenue . . . . .   |                      |  |                                      |   |  |
|   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . . ▶   |                      |  |                                      |   |  |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . . ▶  |   | 88,722               |  |                                      |   |  |

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

|   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .  |                       |                                 |  |                             |
| 2 Grants and other assistance to domestic individuals. See Part IV, line ?? . . . . .   |                       |                                 |  |                             |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .  |                       |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .   |                       |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .  |                       |                                 |  |                             |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                       |                                 |  |                             |
| 7 Other salaries and wages . . . . .  |                       |                                 |  |                             |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .  |                       |                                 |  |                             |
| 9 Other employee benefits . . . . .   |                       |                                 |  |                             |
| 10 Payroll taxes . . . . .  |                       |                                 |  |                             |
| 11 Fees for services (nonemployees):  |                       |                                 |  |                             |
| a Management . . . . .  |                       |                                 |  |                             |
| b Legal . . . . .   |                       |                                 |  |                             |
| c Accounting . . . . .  |                       |                                 |  |                             |
| d Lobbying . . . . .  |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17 . . . . .   |                       |                                 |  |                             |
| f Investment management fees . . . . .  |                       |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .  |                       |                                 |  |                             |
| 12 Advertising and promotion . . . . .  |                       |                                 |  |                             |
| 13 Office expenses . . . . .  |                       |                                 |  |                             |
| 14 Information technology . . . . .   |                       |                                 |  |                             |
| 15 Royalties . . . . .  |                       |                                 |  |                             |
| 16 Occupancy . . . . .  |                       |                                 |  |                             |
| 17 Travel . . . . .   |                       |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .   |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .   |                       |                                 |  |                             |
| 20 Interest . . . . .   |                       |                                 |  |                             |
| 21 Payments to affiliates . . . . .   |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .  |                       |                                 |  |                             |
| 23 Insurance . . . . .  | 330                   |                                 |  |                             |
| 24 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.)  |                       |                                 |  |                             |
| a See Sch O   | 83,495                |                                 |  |                             |
| b   |                       |                                 |  |                             |
| c   |                       |                                 |  |                             |
| d   |                       |                                 |  |                             |
| e All other expenses  |                       |                                 |  |                             |
| 25 Total functional expenses. Add lines 1 through 24e   | 83,825                |                                 |  |                             |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |        | (B)<br>End of year |
|--|--|--------------------------|--------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash—non-interest-bearing . . . . .   | 3001                     | 1      | 7899               |
|  | <b>2</b> Savings and temporary cash investments . . . . .  | 47024                    | 2      | 47023              |
|  | <b>3</b> Pledges and grants receivable, net . . . . .  |                          | 3      |                    |
|  | <b>4</b> Accounts receivable, net . . . . .  |                          | 4      |                    |
|  | <b>5</b> 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 . . . . . |                          | 5      |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | 6      |                    |
|  | <b>7</b> Notes and loans receivable, net . . . . .   |                          | 7      |                    |
|  | <b>8</b> Inventories for sale or use . . . . .   |                          | 8      |                    |
|  | <b>9</b> Prepaid expenses and deferred charges . . . . .   |                          | 9      |                    |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b>               |        |                    |
|  | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b>               |        | <b>10c</b>         |
|  | <b>11</b> Investments—publicly traded securities . . . . .   |                          | 11     |                    |
|  | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | 12     |                    |
|  | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | 13     |                    |
|  | <b>14</b> Intangible assets . . . . .  |                          | 14     |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 . . . . .   |                          | 15     |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . |  | 50,025                   | 16     | 54,922             |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses . . . . .  |                          | 17     |                    |
|  | <b>18</b> Grants payable . . . . .   |                          | 18     |                    |
|  | <b>19</b> Deferred revenue . . . . .   |                          | 19     |                    |
|  | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | 20     |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .  |                          | 21     |                    |
|  | <b>22</b> Loans and other 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 . . . . .     |                          | 22     |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | 23     |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | 24     |                    |
|  | <b>25</b> 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 . . . . .  |                          | 25     |                    |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .  |                          | - 0 -  | 26                 |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>   |                          |        |                    |
|  | <b>27</b> Net assets without donor restrictions . . . . .  |                          | 27     |                    |
|  | <b>28</b> Net assets with donor restrictions . . . . .   |                          | 28     |                    |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |        |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | 29     |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .   |                          | 30     |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .   |                          | 31     |                    |
|  | <b>32</b> Total net assets or fund balances . . . . .  |                          | 50,025 | 32                 |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .                   |  | 50,025                   | 33     | 54,922             |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |        |
|-----------|--|-----------|--------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 88,722 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 83,825 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 4,897  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 50,025 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |        |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |        |
| <b>7</b>  | Investment expenses  | <b>7</b>  |        |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |        |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  |        |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 54,922 |

**Part XII Financial Statements and Reporting**

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

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2019**

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

*Empty Stocking Corporation*

*63-1017792*

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

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

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

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | 3750     | 4350     | 4200     | 4200     | 3800     | 20,300    |
| 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   | 77990    | 67333    | 66900    | 64629    | 84913    | 361,765   |
| 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 <b>Total.</b> Add lines 1 through 5 . . . . .  | 81740    | 71683    | 71,100   | 68,829   | 88,713   | 382,065   |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b . . . . .  |          |          |          |          |          |           |
| 8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .   |          |          |          |          |          | 382,065   |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 . . . . .  | 81740    | 71683    | 71,100   | 68,829   | 88713    | 382,065   |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .  | 60       | 58       | 20       | 14       | 9        | 163       |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .  | 60       | 58       | 20       | 16       | 9        | 163       |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .   |          |          |          |          |          |           |
| 13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .   | 81800    | 71741    | 71120    | 68845    | 88,722   | 382,228   |
| 14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|  |    |         |
|--|----|---------|
| 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . . | 15 | 99.96 % |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                       | 16 | 99.94 % |

**Section D. Computation of Investment Income Percentage**

|   |    |       |
|---|----|-------|
| 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) . . . . . | 17 | .01 % |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 . . . . .                         | 18 | .06 % |

- 19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b **33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.

2019

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ

Open to Public  
Inspection

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

Empty Stocking Corporation

Employer identification number

63-1017792

Part IX Line 24

Amounts for DHR Christmas Gifts 51,648

GALA EXPENSES 31,841

83,495

Part VI Line 7a

All members are voting members and can elect  
or appoint members to various organizational positions

Part VI Line 8a & 8b

Minutes of all regular board meetings are recorded  
and provided to all members and are voted on and  
approved at the next meeting. The same is true  
of any sub-committee that may exist

Part VI Line 11a

Copy of Form 990 is provided to members for  
review, discussion and approval

Part VI Lines 12 12a 12b

All Board members are requested annually to notify  
the Board if there are any conflicts of interest  
12(c) Should a Board member identify a conflict of interest  
that Board Member is asked to resign

Name of the organization

Employer identification number

Empty Stocking Corporation

63-107792

Part IX Line 24a

Other expenses

Christmas gifts to children in DHR

51,180

Gala expenses

32,315

Total

83,495