

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

**2017**

Open to Public  
Inspection

Name of the organization **THE EMPTY TOMB  
DBA EMPTY TOMB, INC.**

Employer identification number  
**23-7121667**

**Part I** General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------|---------|---------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|------------------------------------|
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
|                                                      |         |                                 |                          |                                   |                                                       |                                       |                                    |
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- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

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**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) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance                                                                             |
|---------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| CHRISTIAN HEALTH SERVICES, MEDICAL FUND     | 53                       | 23,243.                  | 0.                                |                                                       |                                                                                                                   |
| CHRISTIAN HEALTH SERVICES, OTHER ASSISTANCE | 5                        | 0.                       | 390.                              | PURCHASE PRICE                                        | ASSISTANCE WITH REFERRED AND EXPRESSED NEEDS, INCLUDING BABY FORMULA AND CRIBS, AND ITEMS PURCHASED FOR LAYETTES. |
| CLOTHING WORK: BACKPACKS                    | 10                       | 0.                       | 206.                              | PURCHASE PRICE                                        | SUPPLEMENTAL BACKPACKS AND SCHOOL SUPPLIES TO ADD TO 180 DONATED BACKPACKS                                        |
| FREE FOOD WORK: FOOD DISTRIBUTION           | 914                      | 0.                       | 4,474.                            | PURCHASE PRICE                                        | PURCHASED DRIED BEANS AND DRIED MILK FOR DISTRIBUTION TO INDIVIDUALS.                                             |
| HELPING WORK: APPOINTMENTS                  | 346                      | 10,041.                  | 0.                                |                                                       |                                                                                                                   |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

EMPTY TOMB, INC. DID NOT MAKE ANY GRANTS TO ANY ONE ORGANIZATION IN EXCESS OF \$5,000 THAT WOULD BE REQUIRED TO BE REPORTED IN PART II. GRANTS ARE IN THE FORM OF MATCHING CONTRIBUTIONS TO CONGREGATIONS THAT APPLY TO THE EMPTY TOMB, INC., MISSION MATCH PROGRAM, TO SUPPLEMENT THE CONGREGATION'S SUPPORT OF A SPECIFIC MISSION PROJECT IDENTIFIED BY THE CONGREGATION. A FILE IS CREATED FOR EACH MATCHING CONTRIBUTION THAT INCLUDES INFORMATION FORMS COMPLETED BY THE CONGREGATION. A CONGREGATION MAY RECEIVE ONE MATCHING CONTRIBUTION IN A CALENDAR YEAR.

**THE EMPTY TOMB  
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**Part III** Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

| (a) Type of grant or assistance                    | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance                                                      |
|----------------------------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------------------------------------------------------------|
| HELPING WORK: REFERRALS                            | 186.                     | 39,828.                  | 0.                                |                                                       |                                                                                             |
| HELPING WORK: SENIOR FUND (APPOINTMENTS/REFERRALS) | 30.                      | 6,776.                   | 0.                                |                                                       |                                                                                             |
| RESEARCH/EDUCATION-LOCAL                           | 250.                     | 0.                       | 110.                              | PURCHASE PRICE                                        | COPIES OF THE GOSPEL OF JOHN AND MADE AVAILABLE TO PEOPLE VISITING THE EMPTY TOMB BUILDING. |
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**Part IV** Supplemental Information**PART III**

CHRISTIAN HEALTH SERVICES: AN EMPTY TOMB, INC. CHARGE ACCOUNT IS SET UP AT A LOCAL PHARMACY. INDIVIDUALS WITH PRESCRIPTIONS CONTACT EMPTY TOMB, INC., TO REQUEST ASSISTANCE WITH PAYING FOR THE PRESCRIPTION. EMPTY TOMB, INC. STAFF AUTHORIZES THE PURCHASE AND THE PHARMACY CONFIRMS AND FILLS THE PRESCRIPTION. AN INDIVIDUAL IS ELIGIBLE FOR ASSISTANCE WITH A PRESCRIPTION EVERY 90 DAYS. STAFF MAINTAINS A RECORD OF NAMES AND ADDRESSES OF THOSE REQUESTING PRESCRIPTION ASSISTANCE TO MONITOR ELIGIBILITY. ON OCCASION, OTHER MEDICAL NEEDS, SUCH AS A PRESCRIPTION FOR EYEGLASSES OR A MEDICAL ACCESSORY FOR A CANCER PATIENT, MAY BE REFERRED BY A LOCAL AGENCY. THIS NEED IS FILLED WITH AN APPROPRIATE VENDOR. THE PROCEDURE IS THE SAME. IF A REFERRAL IS MADE FOR A SPECIFIC ITEM, THE ITEM IS PURCHASED, THE NAME OF THE RECIPIENT IS RECORDED, AND THE ITEM IS DISTRIBUTED THROUGH THE REFERRING AGENCY.

CLOTHING WORK, BACKPACKS: CHURCHES DONATED BACKPACKS THAT WERE DISTRIBUTED TO ELEMENTARY SCHOOL CHILDREN WHOSE PARENTS SIGNED THEM UP. MONEY DONATED SPECIFICALLY FOR THIS PROJECT WAS USED TO PURCHASE A BACKPACK AND SUPPLEMENTAL SCHOOL SUPPLIES. A TOTAL OF 181 BACKPACKS WERE DISTRIBUTED.

FREE FOOD WORK, FOOD DISTRIBUTION: DRIED BEANS AND DRIED MILK ARE PURCHASED FROM LOCAL GROCERY STORES. WHEN EMPTY TOMB IS OPEN IN THE AFTERNOON, A PERSON MAY REQUEST ONE POUND OF DRIED BEANS A DAY, AND ONE BAG OF DRIED MILK A WEEK. STAFF AND VOLUNTEERS WRITE THE NAMES OF THOSE REQUESTING THE FOOD ON A LIST, TO MONITOR FREQUENCY.

**Part IV** Supplemental Information

HELPING WORK, APPOINTMENTS: AN INDIVIDUAL CAN REQUEST A HELPING APPOINTMENT WITH A STAFF PERSON ONCE EVERY 90 DAYS. THE HELPING APPOINTMENT RESULTS IN UP TO \$30 TO ASSIST WITH A SPECIFIC BILL, OR TO FILL A GAS TANK. SUPPORTING DOCUMENTATION (E.G., A COPY OF A LEASE OR BILL, OR VEHICLE REGISTRATION IN THE NAME OF THE REQUESTING INDIVIDUAL) IS REQUESTED. THE MONEY IS PAID DIRECTLY TO A VENDOR (E.G., POWER COMPANY OR WATER COMPANY), OR A STAFF PERSON GOES TO THE GAS STATION AND FILLS THE PERSON'S VEHICLE GAS TANK, UP TO \$30, IF THE REQUEST IS FOR GAS. IF THE REQUEST IS FOR BUS TOKENS, A TWO-WEEK SUPPLY OF TOKENS IS PROVIDED. STAFF MAINTAINS A LIST OF NAMES AND ADDRESSES TO MONITOR INDIVIDUALS' ELIGIBILITY FOR HELPING APPOINTMENTS.

HELPING WORK, REFERRALS: AREA HELPING AGENCIES AND PASTORS AT CHURCHES ARE ABLE TO REFER A FAMILY OR AN INDIVIDUAL FOR FINANCIAL ASSISTANCE WITH A SPECIFIC NEED. THE REFERRALS ARE TO BE MADE TO EMPTY TOMB AS A "LAST RESORT," WITH OTHER POSSIBLE SOURCES OF FINANCIAL ASSISTANCE CONTACTED BEFORE EMPTY TOMB IS CONTACTED. AN INDIVIDUAL OR FAMILY MAY BE ASSISTED ONE TIME A YEAR WITH A FINANCIAL NEED THAT, MOST OFTEN, IS LARGER THAN A STANDARD HELPING APPOINTMENT. A CHECK IN THE AMOUNT OF THE FINANCIAL ASSISTANCE BEING PROVIDED IS WRITTEN BY EMPTY TOMB DIRECTLY TO THE VENDOR THAT IS PROVIDING SERVICE TO THE REFERRED INDIVIDUAL OR FAMILY. SUPPORTING DOCUMENTATION FOR THE NEED (E.G., A COPY OF THE BILL TO BE PAID OR THE LEASE) IS PROVIDED BY THE REFERRING AGENCY. STAFF MAINTAINS A LIST OF NAMES AND ADDRESSES TO MONITOR INDIVIDUALS' ELIGIBILITY FOR HELPING REFERRALS.

HELPING WORK, SENIOR FUND: AN AGENCY CAN REFER A SENIOR INDIVIDUAL FOR ASSISTANCE WITH A FINANCIAL NEED ONCE A YEAR. THE ASSISTANCE IS PAID

**Part IV** Supplemental Information

DIRECTLY TO THE VENDOR. STAFF MAINTAIN A LIST OF NAMES AND ADDRESSES TO MONITOR INDIVIDUALS' ELIGIBILITY FOR HELPING WORK, SENIOR FUND REFERRALS.

RESEARCH/EDUCATION-LOCAL: COPIES OF THE GOSPEL OF JOHN ARE PURCHASED THROUGHOUT THE YEAR AND MADE AVAILABLE ON A TABLE TO BE TAKEN BY PEOPLE VISITING THE CLOTHING ROOM AND THE FURNITURE DISPLAY AREA, BY PEOPLE WHO ARE WAITING FOR HELPING APPOINTMENTS, OR WHO ARE REQUESTING DRIED BEANS AND/OR DRIED MILK. THESE SMALLER BOOKLETS ARE DISTRIBUTED FREELY, WITHOUT MONITORING WHO TAKES THEM.