

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance

**2** Enter total number of section 501(c)(3) and government organizations ..... ▶ 0.

**3** Enter total number of other organizations ..... ▶

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

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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 non-cash assistance

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE RECIPIENT CONGREGATION IS ASKED TO RETURN A REPORT FORM ABOUT THE IMPLEMENTATION OF THE PROJECT FOR WHICH MATCHING FUNDS HAVE BEEN RECEIVED, WITHIN A SPECIFIED TIME FRAME.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

EMPTY TOMB, INC

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

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23 : 7121667

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DIFFERENT WAYS, PROVIDING BOTH A FINANCIAL DISCIPLESHIP STRATEGY AND INFORMATION ABOUT CHURCH GIVING PATTERNS ON A NATIONAL LEVEL. ON A LOCAL LEVEL IN THE CHAMPAIGN-URBANA, IL AREA, EMPTY TOMB, INC. PROVIDES OPPORTUNITIES FOR VOLUNTEERS TO BECOME INVOLVED IN MEETING VARIOUS NEEDS IN JESUS' NAME.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

EMPTY TOMB, INC. PROVIDES OPPORTUNITIES FOR VOLUNTEERS TO BECOME INVOLVED IN MEETING VARIOUS NEEDS IN JESUS' NAME.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE NATIONAL MONEY FOR MISSIONS PROGRAM AND MISSION MATCH: AN EFFORT TO INCREASE INTERNATIONAL MISSION GIVING THROUGH HISTORICALLY CHRISTIAN CONGREGATIONS AND THEIR DENOMINATIONAL CHANNELS.

EXPENSES \$62,162. INCLUDING GRANTS OF \$27,000. REVENUE \$68,906.

CHRISTIAN HEALTH SERVICES: A PROGRAM THAT PLACED A REGISTERED NURSE AT A LOCAL HEALTH CLINIC

FROM 1976 THROUGH MID-DECEMBER 2005. THIS WORK CONTINUES ITS FOCUS ON MINISTERING TO BOTH THE

PHYSICAL AND SPIRITUAL NEEDS OF INDIVIDUALS BY ASSISTING WITH : MEDICAL NEEDS (490 WALK-IN

APPOINTMENTS AND AGENCY REFERRALS, FOR ASSISTANCE WITH PRESCRIPTIONS AND OTHER MEDICAL NEEDS

THE INDIVIDUALS INDICATED THEY NEEDED FINANCIAL ASSISTANCE WITH); LAYETTES (73 SHARED); AND CRIBS

(66 SHARED).

EXPENSES \$38,580. INCLUDING GRANTS OF \$0. REVENUE \$42,767.

FORM 990, PART VI, SECTION A, LINE 2: JOHN RONSVALLE AND SYLVIA RONSVALLE ARE MARRIED.

Name of the organization

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23 7121667

FORM 990, PART VI, SECTION A, LINE 10: THE FORM 990 WAS INCLUDED IN THE JANUARY 2010 BOARD MEETING PACKET. IT WAS DISCUSSED AT THAT MEETING, INCLUDING THE POSSIBILITY THAT IT WOULD HAVE TO BE REVISED TO REFLECT ROUNDING CORRECTIONS IF THOSE WERE NEEDED IN THE AUDIT. FORM 990 WAS THEN FILED AFTER THAT MEETING, REFLECTING THE CHANGES THAT WERE MADE TO REFLECT ROUNDING CORRECTIONS IN THE AUDIT.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, BOARD MEMBERS AND KEY EMPLOYEES ARE REQUIRED TO REPORT, IN WRITING, ALL POTENTIAL OR ACTUAL CONFLICTS OF INTEREST TO THE EXECUTIVE VICE PRESIDENT. ALL SUCH REPORTS ARE REVIEWED BY THE EXECUTIVE VICE PRESIDENT AND CORPORATE COUNSEL TO DETERMINE IF AN ACTUAL CONFLICT EXISTS. WHEN A CONFLICT HAS BEEN DETERMINED, THE INDIVIDUAL SHALL NOT PARTICIPATE IN DELIBERATIONS OR DECISIONS THAT INVOLVE THE CONFLICTING ORGANIZATION OR TRANSACTION.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION'S FORM 1023 IS AVAILABLE UPON REQUEST. THE ORGANIZATION'S FORM 990 IS POSTED ON THE EMPTY TOMB, INC. WEBSITE, WWW.EMPTYTOMB.ORG.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 1: THE BASIS OF ACCOUNTING HAS BEEN CHANGED FROM CASH TO ACCRUAL.

FORM 990, PART XI, LINE 2C: THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR.