Short Form Return of Organization Exempt From Income Tax

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

2017

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Inter	nal Reven	ue Service	► Go to www.irs.gov/Form990EZ for instruction	ons and th	e latest inf	ormation.			
Α	For the	2017 calenda	r year, or tax year beginning	, 2017, an	d ending			, 20	
В	Check if ap	of applicable C Name of organization D Emplo			yer ider	ntification n	umber		
□ ,	Address ch	nange	TIM'S GIFT INC			35-	2345	315	
ا 🗌	Name char	nge	Number and street (or PO box, if mail is not delivered to street address)		Room/suite	E Telepho	ne num	iber	
□ ·	Initial retur	n							
ا 🖸	Final return	n/terminated	108 NORTHEAST BLVD			(91	0) 592	2-1126	
□ ,	Amenaed r	etum	City or town, state or province, country, and ZIP or foreign postal code		02	F Group	Exempt	ion	
	Application	pending	Clinton, NC 28328		U フ	Numbe	r 🕨		
G ,	Account	ing Method				H Check ▶	ıf th	ne organizati	on is not
1 1	Website	. FIMS	GIFT.COM			required to	attach S	Schedule B	
J ·	Tax-exe		check only one) - 🗶 501(c)(3)	4947(a)(1) c	or 527	(Form 990,	990-EZ	, or 990-PF)	ı
K	Form of	organization	☐ Corporation ☐ Trust ☐ Association	Other	···_ 	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
		-	7b to line 9 to determine gross receipts. If gross receipts are \$20	0.000 or m	ore, or if tota	al assets			
) are \$500,000 or more, file Form 990 instead of Form 990-EZ				. > \$		101,883
	art I		e, Expenses, and Changes in Net Assets or Fu	nd Balai	nces (see	the instructio	ns for		
			the organization used Schedule O to respond to any qu		· -			· - ·	[x]
	1						1		64,117
	2						2		
	3	=	dues and assessments	. <i>.</i>			3		
	4	Investment in					4		
	5a		nt from sale of assets other than inventory	5a	1		-		
	1		,	├					
	1	b Less cost or other basis and sales expenses							
	6	•	fundraising events				5c		
	[J	e from gaming (attach Scheoule G if greater than						
ě	-			6a					
Revenue	h		e from fundraising events (not including \$		of contribu	tions			
é	~		sing events reported on line 1) (attach Schedule G if the		01 00/10/04	110110			
_	0		gross income and contributions exceeds \$15,000) · · · · ·	6b	. 1	37,766			
			expenses from gaming and fundraising events	h		10,235			
			or (loss) from gaming and fundraising events (add lines 6a and 6	L		10,233			
	"						6d		27,531
	72	•	of inventory, less returns and allowances	7a	1		00		21,551
	1	Less cost of	or inventory, took retained and another took	<u> </u>					
	1		or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c		•
	8		le (describe in Schedule O)				8		
	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9		01 640
	10		imilar amounts paid (list in Schedule O)				10		91,648
2.00	11		to or for members		<i></i> -		11		
	12	•	er compensation, and employee benefits RECEIV	FN]		12		10 016
ès.	13		fees and other payments to independent contractors	S	1		13		18,016
(Expenses) S	14		rent, utilities, and maintenance S. MAR 0.1.2		1		14		1,080
Ř	J		ISO I MICH & T L	018 · · }	1		15		9,083
Ш	15		ications, postage, and snipping]		16		1,080
Þ	16	•	ses (describe in Schedule O) · · · · · · · · · · · · · · · · · ·	UT]		17		27,851
@Nê£aşse£aNd	17	<u>-</u>	ses. Add lines 10 through 16	*1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	· · · · ·	,	18		57,110
S.	18		eficit) for the year (Subtract line 17 from line 9)				10		34,538
S.	19		fund balances at beginning of year (from line 27, column (A)) (n	nust agree	WITH		40		
Ę,			gure reported on prior year's return)				19		138,569
2	20	_	es in net assets or fund balances (explain in Schedule O) •				20		170 105
_			fund balances at end of year Combine lines 18 through 20	 -		•	21		173,107



_	m 990-EZ (2017) TIM'S GIFT INC			35-2	3458	815 Page 2
P	Balance Sheets (see the instructions for Part II)		Dank II			
	. Check if the organization used Schedule O to res	pond to any question			• • •	
22	Cook and and anothers		(A) Be	ginning of year	22	(B) End of year
	Cash, savings, and investments			130,950	22	167,638
	Colher assets (describe in Schedule O)			0	24	0
	Total assets			7,619	25	6,339
	Total liabilities (describe in Schedule O)			138,569	 	173,977
	Net assets or fund balances (line 27 of column (B) must agree w	#h lino 21)		0	26	870
$\overline{}$	art III Statement of Program Service Accomplishme		ctions for Part III)	138,569	21	173,107
L	Check if the organization used Schedule O to re	•	•			Expenses
\//b	at is the organization's primary exempt purpose? SEE SCHEDUI		OIT III UIIS T AIT III	· · · · · · · ·	(Req	uired for section
VVI	at is the organization's primary exempt purpose . SEE SCHEDO	LE U			501(0	c)(3) and 501(c)(4)
as	scribe the organization's program service accomplishments for each measured by expenses. In a clear and concise manner, describe the	e services provided, the			orgar	nizations, optional for
	sons benefited, and other relevant information for each program title	<u> </u>				<u> </u>
28	SEE SCHEDULE O					
		 _				
	(Cronta D	aludas farrara contr	hadina		20-	
	<u> </u>	cludes foreign grants, c	neckinere · · · ·	▶ 📋	28a	4,741
29	SEE SCHEDULE O				Ì	
					,	
	(Grants \$) If this amount inc	cludes foreign grants, c	heck here · · · ·	🕨 📋	29a	5,887
30						
	(0)		1 1 1		20-	
24		cludes foreign grants, c		▶ ∐	30a	
31	The program continue (1994) by the continue of					
20		cludes foreign grants, c			31a 32	10.000
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key Employ					10,628
Ŀ.	Check if the organization used Schedule O to respond to			- see the mande		
_	Check if the organization about contention of to reapond to	<u> </u>	(c) Reportable	(d) Health benefits,		
	(a) Name and title	(b) Average hours per week	compensation	contributions to emple		(e) Estimated amount of
	(4)	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	benefit plans and deferred compensat		other compensation
RE	BECCA SPELL	·—	(II Hot paid, enter -0-)	deletted compensati		
	ESIDENT	30.00	1 0		o	0
	NNIFER BREWER					
	PLOYEE	30,.00	7,806		o	0
_	RIS EMBLER					
EM	PLOYEE	25.00	10,210		o	0
			1]		
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Form **990-EZ** (2017)

Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			_
	Instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	• • •	1	<u> </u>
٠,			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			١.,
34	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1		,
25.2	change on Schedule O (see instructions)	34	1	X
JJ a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	250		
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	 	X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330	 	
Ŭ	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	330		- 23
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			1.
b		37b	ĺ	Х
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			İ
39	Section 501(c)(7) organizations Enter		-	
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958.			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,			
_	4955, and 4958			
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
٠	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed	400	l	
42 a	The organization's books are in care of ► TIM'S GIFT INC Telephone no ► 910-5	92-1	126	
	Located at ▶ 108 NORTHEAST BLVD, Clinton, NC ZIP+4 ▶ 28328			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)	[
С	At any time duning the calendar year, did the organization maintain an office outside the United States?	42c		<u>X</u>
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u>L</u>		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	١.,		.,
L	completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	124		v
c	Did the organization receive any payments for indoor tanning services during the year?	44b 44c		X
ď	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	446		
•	explanation in Schedule O · · · · · · · · · · · · · · · · · ·	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	-54		
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X
	· · · · · · · · · · · · · · · · · · · 			

Form 990-EZ (20	017) TIM'S GIFT INC				35-2	345815	Ρ	age 4
							Yes	No
•	e organization engage, directly or indirectly, in		• •					
Part VI	didates for public office? If "Yes," complete S Section 501(c)(3) organizations		<u> </u>	· · · · · · ·	• • • • •	46		X
. air 41	All section 501(c)(3) organizations		tions 47 - 49b and 5	2 and com	nlete the	tables for	lines	:
	50 and 51	, made anomor quod		_,	יאינט נויט	(45,55)		•
	Check if the organization used Sci	hedule O to respon	d to any question in t	this Part VI				. 🗍
							Yes	No
47 Did the	e organization engage in lobbying activities or	have a section 501(h) el	ection in effect during the	tax				
	If "Yes," complete Schedule C, Part II				• • • • •	47		Χ
	organization a school as described in section				• • • • •	48	 	X
	e organization make any transfers to an exem	•	organization? · · ·			· · 49a		Χ
	b," was the related organization a section 527 lete this table for the organization's five higher	-	os (other than officers dur	otore truetoo	s and kov	· · 49b		
	yees) who each received more than \$100,000							
Cimpio	year) this each received more than \$100,000		T	(d) Health b				
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions to	employee	(e) Estimate	d amoun	
		devoted to position	(Forms W-2/1099-MISC)	compens		52151 60	, periodi.	
NONE								
					ĺ			
				i				
		ł.	1	ſ				
								······
f Total r	number of other employees paid over \$100,00	00						
51 Compl	lete this table for the organization's five higher	st compensated independ		received mor	e than			
51 Compl	· -	st compensated independ		received mor	re than			
51 Compl \$100,0	lete this table for the organization's five higher	st compensated independ f there is none, enter "No				c) Compensatio	n	
51 Compl \$100,0	lete this table for the organization's five higher 200 of compensation from the organization if a) Name and business address of each independent contra	st compensated independ f there is none, enter "No	ne "			c) Compensatio	n	
51 Compl \$100,0	lete this table for the organization's five higher 200 of compensation from the organization if a) Name and business address of each independent contra	st compensated independ f there is none, enter "No	ne "			c) Compensatio	n	
51 Compl \$100,0	lete this table for the organization's five higher 200 of compensation from the organization if a) Name and business address of each independent contra	st compensated independ f there is none, enter "No	ne "			c) Compensatio	n	
51 Compl \$100,0	lete this table for the organization's five higher 200 of compensation from the organization if a) Name and business address of each independent contra	st compensated independ f there is none, enter "No	ne "			c) Compensatio	n	
51 Compl \$100,0	lete this table for the organization's five higher 200 of compensation from the organization if a) Name and business address of each independent contra	st compensated independ f there is none, enter "No	ne "			c) Compensatio	n	
51 Compl \$100,0	lete this table for the organization's five higher 200 of compensation from the organization if a) Name and business address of each independent contra	st compensated independ f there is none, enter "No	ne "			c) Compensatio	n	
51 Compl \$100,0	lete this table for the organization's five higher 200 of compensation from the organization if a) Name and business address of each independent contra	st compensated independ f there is none, enter "No	ne "			c) Compensatio	n	
51 Compl \$100,0	lete this table for the organization's five higher 200 of compensation from the organization if a) Name and business address of each independent contra	st compensated independ f there is none, enter "No	ne "			c) Compensatio	n	
51 Compl \$100,0 (a	lete this table for the organization's five higher 2000 of compensation from the organization. It as Name and business address of each independent contract.	st compensated independ f there is none, enter "No actor	(b) Type of service			c) Compensatio	n	
51 Compl \$100,0 (a Non	lete this table for the organization's five higher 2000 of compensation from the organization. It is a) Name and business address of each independent contract.	st compensated independ f there is none, enter "No actor n receiving over \$100,000	(b) Type of service			c) Compensatio	n	
51 Compl \$100,0 (a Non d Total n 52 Did the	lete this table for the organization's five higher 2000 of compensation from the organization. It is a) Name and business address of each independent contractors.	st compensated independ f there is none, enter "No actor n receiving over \$100,000 All section 501(c)(3) organ	(b) Type of service		(c			
d Total n 52 Did the	lete this table for the organization's five higher 2000 of compensation from the organization. It is a) Name and business address of each independent contractors. The independent contractors each e organization complete Schedule A? Note: A eted Schedule A	st compensated independ f there is none, enter "No actor n receiving over \$100,000 All section 501(c)(3) organ	(b) Type of service		(c	▶ ⊠ Yes		No
d Total n 52 Did the comple	lete this table for the organization's five higher 2000 of compensation from the organization. It is also with the organization of the organization of the organization of the organization complete. The organization complete Schedule A? Note: A set of perjury, I declare that I have examined this return of the organization or the organization of the organization complete.	n receiving over \$100,000 All section 501(c)(3) organization accompanying	(b) Type of service (b) Type of service nizations must attach a	d to the best of	(c	▶ ⊠ Yes		No
d Total n 52 Did the comple	lete this table for the organization's five higher 2000 of compensation from the organization. It is a) Name and business address of each independent contractors. The independent contractors each e organization complete Schedule A? Note: A eted Schedule A	n receiving over \$100,000 All section 501(c)(3) organization accompanying	(b) Type of service (b) Type of service nizations must attach a	d to the best of	(c	▶ ⊠ Yes		No O
d Total n 52 Did the comple Under penaltie	lete this table for the organization's five higher 2000 of compensation from the organization. It is also with the organization of the organization of the organization of the organization complete. The organization complete Schedule A? Note: A set of perjury, I declare that I have examined this return of the organization or the organization of the organization complete.	n receiving over \$100,000 All section 501(c)(3) organization accompanying	(b) Type of service (b) Type of service nizations must attach a	d to the best of	(c	▶ ⊠ Yes		No O
d Total n 52 Did the comple Under penalties true, correct, a	number of other independent contractors each e organization complete Schedule A? Note: A eted Schedule A	n receiving over \$100,000 All section 501(c)(3) organization accompanying	(b) Type of service (b) Type of service nizations must attach a	nd to the best of y knowledge	(c	▶ ⊠ Yes		No Ol
d Total n 52 Did the comple	number of other independent contractors each e organization complete Schedule A? Note: A eted Schedule A	n receiving over \$100,000 All section 501(c)(3) organization accompanying	(b) Type of service (b) Type of service nizations must attach a	nd to the best of y knowledge	(c	▶ ⊠ Yes		No O I
d Total n 52 Did the comple Under penaltie true, correct, a	number of other independent contractors each e organization complete Schedule A? Note: A eted Schedule A	n receiving over \$100,000 All section 501(c)(3) organization accompanying	(b) Type of service (b) Type of service nizations must attach a	nd to the best of y knowledge	(c	▶ ⊠ Yes		No 0/
d Total n 52 Did the comple Under penaltie true, correct, a Sign Here	number of other independent contractors each e organization complete Schedule A? Note: A eted Schedule A	of there is none, enter "No actor The receiving over \$100,000 and section 501(c)(3) organization in receiving accompanying facer), is based on all informations.	(b) Type of service (b) Type of service nizations must attach a	nd to the best of y knowledge Date	Implementation of the control o	Yes Yes	I is	No O
d Total n 52 Did the comple Under penaltie true, correct, a Sign Here Paid Preparer	number of other independent contractors each e organization complete Schedule A? Note: A eted Schedule A	of there is none, enter "No actor The receiving over \$100,000 and section 501(c)(3) organization in receiving accompanying facer), is based on all informations.	(b) Type of service (b) Type of service nizations must attach a	nd to the best of y knowledge Date	my knowledg	Yes ye and belief, i	I is	No 0 /
d Total n 52 Did the comple Under penaltie true, correct, a Sign Here Paid Preparer	number of other independent contractors each e organization complete Schedule A? Note: A eted Schedule A	n receiving over \$100,000 actor If there is none, enter "No actor If there is none, enter "No actor If receiving over \$100,000 actor If section 501(c)(3) organ If a including accompanying accompa	(b) Type of service (b) Type of service nizations must attach a	nd to the best of y knowledge Date Charles Firm's Ell	my knowledge	PTIN P013380	1, 2 039	No O
d Total n 52 Did the comple Under penaltie true, correct, a Sign Here Paid Preparer Use Only	number of other independent contractors each e organization complete Schedule A	n receiving over \$100,000 actor There is none, enter "No actor The receiving over \$100,000 actor The receiving over \$1	(b) Type of service (b) Type of service nizations must attach a	nd to the best of y knowledge Date Chase Firm's Elf Phone no	my knowledg	Yes ye and belief, i	039	No O

SCHEDULE A

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

OMB No 1545-0047

2017

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization

Employer identification number

		GIFT INC	· - · · · · · · · · · · · · · · · · · ·				35-23458		
Pai		Reason for Public Charit	<u> </u>				t) See instructio	ns	
he c	orgai	nization is not a private foundation beca	•						
1	Ū	A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1)(A)(i).	(21	
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ))			1	
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(i	ii).	\cup	•	
4		A medical research organization oper	ated in conjunction	with a hospital described	l ın sectioi	n 170(b)(1)(A)(iii). Enter the		
		hospital's name, city, and state							
5		An organization operated for the bene	efit of a college or u	niversity owned or operat	ed by a go	vernmenta	Il unit described in		
	_	section 170(b)(1)(A)(iv). (Complete I	=	•	, ,				
6	П	A federal, state, or local government	•	ut described in section 1	70(h)(1)(A	\/v)			
7	Ħ	· · · · · · · · · · · · · · · · · · ·	•				the general nublic		
-	_	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	П	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)							
9	H	An agricultural research organization			ted in coni	unction wit	h a land-grant college		
•	Ц	or university or a non-land-grant colle						•	
			ge of agriculture (St	ee instructions) Lines the	manne, cit	y, ariu state	e of the conege of		
١٨	ÐΠ	university	- /1\ then 22	4/20/ of its autopost from	oontobutio		eship food and groos		
0	X.	An organization that normally receives	• •	• •			, -	•	
		receipts from activities related to its e							
		support from gross investment incom-					om businesses		
	С-1	acquired by the organization after Jur							
11	爿	An organization organized and operat	•						
2	IJ	An organization organized and operat	•						
		of one or more publicly supported org							
		Check the box in lines 12a through 12		••		•			
	а	Type I. A supporting organization	•						
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dire	ectors or tr	ustees of the		
		supporting organization You mu	st complete Part I	V, Sections A and B.					
	þ	Type II. A supporting organization	n supervised or con	trolled in connection with	its suppor	ted organi	zation(s), by having		
		control or management of the sup	oporting organizatio	n vested in the same per	sons that o	control or n	nanage the supported		
		organization(s) You must comp	lete Part IV, Section	ons A and C.					
	C	Type III functionally integrated.	. A supporting orgai	nization operated in conn	ection with	, and funct	ionally integrated with	١,	
		its supported organization(s) (see	e instructions) You	must complete Part IV,	Sections	A, D, and	E.		
	þ	Type III non-functionally integra	ated. A supporting	organization operated in	connection	with its su	ipported organization	(s)	
		that is not functionally integrated	The organization g	enerally must satisfy a dis	stribution re	equiremen	t and an attentivenes:	3	
		requirement (see instructions) Ye	ou must complete	Part IV, Sections A and	D, and P	art V.			
	е	Check this box if the organization	received a written	determination from the IR	S that it is	a Type I, 1	Type II, Type III		
		functionally integrated, or Type III	non-functionally int	egrated supporting organ	ıızatıon				
	f	Enter the number of supported organi	zations						
	9	Provide the following information about	ut the supported org	ganization(s)					
	(ı	Name of supported organization	(II) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amo	unt of
	•	•	''	(described on lines 1-10	listed in you		support (see	other supp	
				above (see instructions))	docum	ent?	instructions)	instruct	tions)
					Yes	No	ĺ		
									
A)			}			}			
B)									
C)									
			 			 			
D)									
			 						
E)							9		
Total					 	 	 -		

Schedule A (Form 990 or 990-EZ) 2017 TIM'S GIFT INC 35-2345815 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support Subtract line 5 from line 4 · · Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) First five years. 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 Section C. Computation of Public Support Percentage 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) % 15 Public support percentage from 2016 Schedule A, Part II, line 14 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization

10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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)

Se	ction A. Public Support		-				
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	35,198	20,473	56,124	40,726	64,117	216,638
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	33,190	20,473	30,124	40,720	04,117	210,030
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 · · · · · · ·	35,198	20,473	56,124	40,726	64,117	216,638
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						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						······································
8	Public support (Subtract line 7c from line 6)						216,638
	ction B. Total Support				1	· · · · · · · · · · · · · · · · · · ·	
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	35,198	20,473	56,124	40,726	64,117	216,638
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
11	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	35,198	20,473	56,124	40,726	64,117	216,638
14	First five years. If the Form 990 is for the organization, check this box and stop here			-	a section 501(c)(3)		▶ 📋
Sec	ction C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •					
15	Public support percentage for 2017 (line 8, co	• • • • • • • • • • • • • • • • • • • •					100.00 %
16	Public support percentage from 2016 Scheduction D. Computation of Investme					16	100.00 %
				ımn (f)		17	0.00 %
17 18	Investment income percentage for 2017 (line Investment income percentage from 2016 Sc		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F	18	0.00 %
	33 1/3% support tests - 2017. If the organization of the support tests is not more than 33 1/3%, check this box as	ation did not check t	he box on line 14,				▶ 🏻
b	33 1/3% support tests - 2016. If the organization 18 is not more than 33 1/3%, check this b	ation did not check a	a box on line 14 or	line 19a, and line 1	6 is more than 33	1/3%, and	▶ 📋
20	Private foundation. If the organization did no	ot check a box on lir	ne 14, 19a, or 19b,	check this box and	see instructions		▶ 🗍

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Internal Revenue Service

OMB No 1545-0047 (Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the 2017 organization entered more than \$15,000 on Form 990-EZ, line 6a
Attach to Form 990 or Form 990-EZ. Open to Public Department of the Treasury ► Go to www irs.gov/Form990 for the latest instructions. Inspection Employer identification number Name of the organization TIM'S GIFT INC 35-2345815 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations Internet and email solicitations f Solicitation of government grants g Special fundraising events c Phone solicitations d \(\preceq\) In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, □ No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (II) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col (i) Yes Νo 1 2 3 4 5 6 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

35-2345815

		than \$15,000 of fundraising	event contributions an	a aross income on Forn	n 990-EZ, ilnes i and bi	List events with
<u>. </u>		gross receipts greater than				•
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	•		GOLF TOURNAM	RISE UP	NONE	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
Revenue						
ver	1	Gross receipts	29,403	8,363		37,766
æ						
ĺ	2	Less Contributions			_	
	3	Gross income (line 1 minus				
-		line 2)	29,403	8,363		37,766
	4	Cash pnzes				
	•				· 	
	5	Noncash prizes				
		· i				
es	6	Rent/facility costs · · · · · · ·	4,040	1,198		5,238
eus						
Exp	7	Food and beverages	411	2,100		2,511
Direct Expenses						
₫	8	Entertainment		932		932
		Others described as a second		4 ==4		
	9	Other direct expenses		1,554		1,554
	10	Direct expense summary Add lines	4 through 9 in column (d)			10,235
	11	Net income summary Subtract line	•			27,531
Pa	rt II					more
		than \$15,000 on Form 990				
				1		
ய			(a) Ringo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue			(a) Bingo		(c) Other gaming	
Revenue	1	Gross revenue · · · · · · · ·	(a) Bingo		(c) Other gaming	
Revenue	1		(a) Bingo		(c) Other gaming	
	2	Gross revenue	(a) Bingo		(c) Other gaming	
		Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	2		(a) Bingo		(c) Other gaming	
Expenses		Cash prizes	(a) Bingo		(c) Other gaming	
	3	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes	(a) Bingo		(c) Other gaming	
Expenses	3	Cash prizes	•	bingo/progressive bingo		
Expenses	3 4 5	Cash prizes		bingo/progressive bingo	☐ Yes%	
Expenses	3 4 5	Cash prizes		bingo/progressive bingo	☐ Yes%	
Expenses	3 4 5 6 7	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% No	
Expenses	3 4 5	Cash prizes	Yes % No 2 through 5 in column (d)	bingo/progressive bingo	☐ Yes% No	
Direct Expenses	3 4 5 6 7 8	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum	bingo/progressive bingo Yes % No nn (d)	☐ Yes% No	
Expenses	3 4 5 6 7 8 En	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum	bingo/progressive bingo Yes % No nn (d)	☐ Yes% No	
o Direct Expenses	3 4 5 6 7 8 En Is (Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum	bingo/progressive bingo Yes % No nn (d)	☐ Yes% No	col (a) through col (c))
Direct Expenses	3 4 5 6 7 8 En Is (Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum	bingo/progressive bingo Yes % No nn (d)	☐ Yes% No	col (a) through col (c))
Direct Expenses	3 4 5 6 7 8 En Is (Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum	bingo/progressive bingo Yes % No nn (d)	☐ Yes% No	col (a) through col (c))
o a b Direct Expenses	3 4 5 6 7 8 En Is 1 If "	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activitiaming activities in each of	bingo/progressive bingo Yes % No no (d)	☐ Yes% No▶	col (a) through col (c))
o a b Direct Expenses	3 4 5 6 7 8 En Is 1 If "	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activitiaming activities in each of	bingo/progressive bingo Yes % No no (d)	☐ Yes% No▶	col (a) through col (c))
o a b Direct Expenses	3 4 5 6 7 8 En Is 1 If "	Cash prizes	Yes % No 2 through 5 in column (d) act line 7 from line 1, colum on conducts gaming activitiaming activities in each of	bingo/progressive bingo Yes % No no (d)	☐ Yes% No▶	col (a) through col (c))

SCHEDULE O' (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for the latest information.

Employer identification number

TIM'S GIFT INC 35-2345815 01. General explanation attachment PART III, ORGANIZATION'S PRIMARY EXEMPT PURPOSE: THE MISSION OF TIM'S GIFT IS TO PROVIDE ITEMS AND CARE THAT WILL BRING COMFORT TO HOSPICE AND CANCER PATIENTS. TIM'S GIFT WILL PROVIDE THE FINANCIAL MEANS TO OBTAIN MEDICAL AND NON-MEDICAL ITEMS, NOT COVERED BY INSURANCE OR MEDICARE, THAT BRING PHYSICAL AND EMOTIONAL COMFORT TO THE PATIENT AND FAMILY. TIM'S GIFT ALSO PROVIDES MINISTRY TEAMS TO MEET SPIRITUAL NEEDS OF THE PATIENT AND FAMILY WITH A STRONG DESIRE AND CONVICTION TO REACH OUT TO WIDOWS AND CHILDREN. PART III, LINE 28. DONATIONS OF MEDICAL EQUIPMENT TO NEED BASED PATIENTS AND PROVIDE CARE TO HOSPICE AND CANCER PATIENTS- ASSISTED 6 FAMILIES WITH CANCER PROVIDED 19 PERSONS WITH MEDICINE. PROVIDED \$49,989 OF MEDICAL RELATED EXPENSES. EQUIPMENT AND SUPPLIES. PART III, LINE 29. HELPING THE COMMUNITY-THE ORGANIZATION PROVIDED \$4,300 IN GAS AND FOOD. THE ORGANIZATION ASSISTED 4 FAMILIES THAT WERE AFFECTED THE ORGANIZATION ASSISTED 5 FAMILIES WITH UTILITIES AND HOUSING. ORGANIZATION ALSO HAS COMMUNITY PRAYER AND LIVING FREE FROM ADDICTION_SUPPORT GROUP MEETINGS ONCE A WEEK. 02. Description of other expenses (Part I, line 16) DESCRIPTION AMOUNT DIRECT ASSISTANCE/MINISTRY DONATION 20,126 685 SUPPLIES 56 BANK FEES BUSINESS REGISTRATION/PERMITS 325 LIABILITY AND AUTO INSURANCE 1,970 FUNDRAISER AND RAFFLE EXPENSE 1,344

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Name of the organization		Page 2 Employer identification number
TIM'S GIFT INC		35-2345815
ADVERTISING	1,049	
MEALS AND ENTERTAINMENT	910	
DEPRECIATION FOR VEHICLE	1,280	
03. Description of other assets ((Part II, line 24)	
CATEGORY	BEGINNING OF YEAR	END OF YEAR
VEHICLE	7,619	6,339
04. Description of total liabilit	ties (Part II, line 26)	
CATEGORY	BEGINNING OF YEAR	END OF YEAR
PAYROLL END OF YEAR	0	870
	· · · · · · · · · · · · · · · · · · ·	