	990-EZ	
orm	330-LL	

Department of the Treasury

# Short Form

Return of Organization Exempt From Income Tax

2018

2949213801617 OMB No. 1545-1150

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

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

Open to Public Inspection

inter	nal Reven	ue Service	Go to www.irs.gov/Form990E2 for instruction	ns and tr	e latest infor	mation.		<u> </u>
<u>A</u>	For the	2018 calenda	r year, or tax year beginning ,	2018, an	d ending			, 20
В	Check if ap	pplicable	C Name of organization			D Employ	yer idei	ntification number
□ .	Address ch	hange	TIM'S GIFT INC			_35-	2345	815
	Name char	nge	Number and street (or PO box if mail is not delivered to street address)		Room/suite	E Telepho	one nun	nber
	nitial retur	'n						
۰۵	Final return	n/terminated	108 NORTHEAST BLVD			(91	.0) 59:	2-1126
$\overline{\Box}$ ,	Amended r	return	City or town, state or province, country, and ZIP or foreign postal code		R/A	F Group-	Exempt	ion
二	Application		CLINTON, NC 28328		()')	Numbe		
		ing Method	X Cash		Н	Check ▶	ıf th	ne organization is not
	Website	- ·	GIFT.COM	-14/-		required to		
			heck only one) -	4947(a)(1)	or 527	•		Z, or 990-PF)
			Corporation Trust Association	Other	<u>,                                    </u>	(, 5,		<u> </u>
			7b to line 9 to determine gross receipts. If gross receipts are \$200		ore or if total	assets		
			500,000 or more, file Form 990 instead of Form 990-EZ				. • •	110 272
	art I		e, Expenses, and Changes in Net Assets or Fun					118,273
<u>'</u>	<u></u>		the organization used Schedule O to respond to any que					_
							1	
	1		s, gifts, grants, and similar amounts received				$\vdash$	73,117
	2		vice revenue including government fees and contracts · · · · ·				2	
	3		dues and assessments				3	
	4		ncome		1		4	
	5a		nt from sale of assets other than inventory	_				
	b	Less cost or	other basis and sales expenses $\cdots \cdots \cdots$	· · _ 5t	<u>.                                    </u>			
	C	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from li	ne 5a)   •			5c	<del></del>
	6	Gaming and	fundraising events					
	a	Gross incom	e from gaming (attach Schedule G if greater than					
ne		\$15,000) .		- 6a	1			
Revenue	b	Gross incom	e from fundraising events (not including \$		of contributio	ns		
æ	ŀ	from fundrais	ing events reported on line 1) (attach Schedule G if the					
	ļ	sum of such	gross income and contributions exceeds \$15,000) · · · · · · ·	6t	,	45,156		
	c	Less direct of	expenses from gaming and fundraising events	6c		7,241		
			or (loss) from gaming and fundraising events (add lines 6a and 6b	<u> </u>	ract			
			• • • • • • • • • • • • • • • • • • • •				6d	37,915
	7a		of inventory, less returns and allowances · · · · · · · · · · · · · · · · · · ·	1	1			
			goods sold · · · · · · · · · · · · · · · · · · ·					
	1		or (loss) from sales of inventory (Subtract line 7b from line 7a) · ·				7c	
	8		ie (describe in Schedulc O)				8	
	9		e Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	111 020
	<del> </del>				<del></del>		<del> </del>	111,032
	10		imilar amounts paid (list in Schedule O)· · · · · · · · ·	REC	EIVED	٠	10	
	11	•		INEC	21-VED		11	
S	12		er compensation, and employee benefits · · · · · · · · · · · · · · · · · · ·			$\mathbb{S}_1$	12	16,503
ÜŞ	13		fees and other payments to independent contractors	APR 2	· <b>6</b> · 2019 · 1	S-0S(	13	2,655
Expenses	14		orn, atmiree, and mannerses	<u> </u>		85	14	12,556
Ш	15		ications, postage, and shipping	COL		=  · · ·	15	957
	16	•	•		N, UT		16	66,181
	17		ses. Add lines 10 through 16·········			<del>···</del> ··▶	17	98,852
<b>,</b>	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9) · · · · ·				18	12,180
iets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (m	ust agree	with			
Ass		end-of-year f	igure reported on prior year's return)		<i>.</i>		19	173,107
Net Assets	20	Other change	es in net assets or fund balances (explain in Schedule O)				20	15,493
Z	21		r fund balances at end of year Combine lines 18 through 20 · · ·				21	200,780
<u></u>	Panone		on Act Notice can the consents instructions				·	Farm 200 F7 (2048)

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Form 990-EZ (2018) TIM'S GIFT INC	- <del></del>		35-2	3458	B15 Page:
Part II Balance Sheets (see the instructions for I	-				_
Check if the organization used Schedule (	O to respond to any question	on in this Part II	<u> </u>	· · ·	
		<u> </u>	ginning of year		(B) End of year
<ul><li>22° Cash, savings, and investments</li><li>23 Land and buildings</li></ul>			167,638	22	182,494
24 Other assets (describe in Schedule O)			0	23	0
25 Total assets			6,339 173,977	25	18,286 200,780
26 Total liabilities (describe in Schedule O) · · · · · · ·			870	26	200,780
27 Net assets or fund balances (line 27 of column (B) must			173,107	27	200,780
Part III Statement of Program Service Accomp					
Check if the organization used Schedule	O to respond to any quest	ion in this Part III	· · · <u>·</u> · · 🔲	/B	Expenses
What is the organization's primary exempt purpose? SEE S	CHEDULE O				uired for section c)(3) and 501(c)(4)
Describe the organization's program service accomplishments	for each of its three largest pro	ogram services,			nizations, optional for
as measured by expenses. In a clear and concise manner, des	scribe the services provided, th			other	
persons benefited, and other relevant information for each pro-	gram title			<u> </u>	, T
28 SEE SCHEDULE O					
				l	1
(Grants \$ ) If this ar	nount includes foreign grants, o	check here	🕨 🗍	28a	14,146
29 SEE SCHEDULE O	nount includes for eight grants, t	STOCK FICTO	, , <u>, , , , , , , , , , , , , , , , , </u>	-50	14,140
000 00000000	- ···				}
(Grants \$ ) If this ar	nount includes foreign grants, o	check here · · · ·	· · · · • 🔲	29a	10,097
30					
<u> </u>	mount includes foreign grants, o			30a	
one program dervised (accombs in contedute o)				24-	
(Grants \$ ) If this ar 32 Total program service expenses (add lines 28a through	nount includes foreign grants, o			31a 32	24 243
Part IV List of Officers, Directors, Trustees, and Key					24,243
Check if the organization used Schedule O to re	· -				
	(b) Average	(c) Reportable	(d) Health benefits		
(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to emp	loyee -	(e) Estimated amount of other compensation
	devoted to position	(if not paid, enter -0-)	deferred compensa	- (	
REBECCA SPELL					
PRESIDENT	30.00	0			0
JENNIFER BREWER	20.00	7.505			•
EMPLOYEE DIANE LOUGH	30.00	7,625		-9-	0
EMPLOYEE	25.00	7,706		o	0
EMPHOTEE	23.00	7,700		<del>-</del>	
				1	
			<del></del>		
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Form 990-EZ (2018)

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	990-EZ (2018) TIM'S GIFT INC 35-2345	815	۲.۰	age 3
Pa	rt V 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			
			Yes	No
33*	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
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			
	change on Schedule O See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	<b> </b>		
	activities (such as those reported on lines 2, 6a, and 7a, among others)? • • • • • • • • • • • • • • • • • • •	35a		Х
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 · · · · · ·	35b		_^
		330		
·	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	25-		v
26	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u>X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			v
	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		_X
37 a				-
b	g ,	37b		_X
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		_X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved · · · · · · · · · · · · · · · · · · ·	_	] ,	
39	Section 501(c)(7) organizations Enter			
а		_		
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,		ĺ .	
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed	<u> </u>	·	
42 a	The organization's books are in care of TIM'S GIFT INC Telephone no 910-	592-1	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	120	$\rightarrow$	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
_	Financial Accounts (FBAR)  At any time during the calendar year, did the organization maintain an office outside the United States?	42c		v
U	If "Yes," enter the name of the foreign country	720		X
45				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here		•	L
	and enter the amount of tax-exempt interest received or accrued during the tax year · · · · · · · · · · · · · · · · · · ·	ــــــــــــــــــــــــــــــــــــــ		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	!		
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		<u>X</u>
ь	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	1		_
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44b		_X_
С	Did the organization receive any payments for indoor tanning services during the year?	44c		Χ
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	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				
	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		Χ

46 Dd the organization engage, directly or indirectly in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes", complete Schedule C, Part I Section 501(c)(3) Organizations Only All section 501(c)(3) Organizations must answer questions 47 - 49b and 52, and complete the tables for line 50 and 51 Check if the organization used Schedule O to respond to any question in this Part VI	Form 9	90-EZ (201	8) TIM'S GIFT INC				35-	<u>23</u> 4581	1.5	Page 4
to candidates for public office? If "Yes", complete Schedule C. Part I   Schedule C. Part IV  Schedule C. Part IV  All section 501(c)(3) organizations only   All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for life 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI   Yes   Ye		_ `						_	Ye	s No
Part V    Section 501(c)(3) organizations Only	46					• •				
All section 501(c)(3) organizations must answer questions 47 - 49b and 52, and complete the tables for lir 50 and 51  Check if the organization used Schedule O to respond to any question in this Part VI  75 Complete Schedule C, Part II  76 II  78 Is the organization especial adsectioned in section 170(b)(1)(A)(r) II "Yes," complete Schedule E  79 II "Yes," complete Schedule C, Part II  79 II "Yes," complete Schedule E  70 III "Yes," was the related organization in section 170(b)(1)(A)(r) II "Yes," complete Schedule E  70 II "Yes," was the related organization as each or 527 organization?  80 II "Yes," was the related organization as each or 527 organization?  80 II "Yes," was the related organization as each or 527 organization?  90 II "Yes," was the related organization as each or 527 organization?  91 II "Yes," was the related organization as each or 527 organization?  92 If the organization as each received more than \$100,000 of compensation from the organization in	D. 2				· · · · · · · · ·	• • • • •		<u> </u>	46	X
Check if the organization used Schedule O to respond to any question in this Part VI  The discontinuous of the organization used Schedule O to respond to any question in this Part VI  The discontinuous of the organization used Schedule C Part II "Yes," complete Schedule E 48  Is the organization as school as described in section 1700/11/(A/Qr) If "Yes," complete Schedule E 48  Is the organization as school as described in section 1700/11/(A/Qr) If "Yes," complete Schedule E 48  Is the organization as school as described in section 1700/11/(A/Qr) If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization as section 527 organization?  If "Yes," was the related organization as section 527 organization?  If yes, "was the related organization as section 527 organization from the organization II there is none, enter "None"  If yes, "was the related organization from the organization of the properties of the organization of the orga	Par	. 1			iono 47 - 40h s	and 50 a	and complete th	o tabla	o for lin	00
Check if the organization used Schedule O to respond to any question in this Part VI  7 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax are activities of the property of the organization engage in lobbying activities or have a section 501(h) election in effect during the tax are activities of the property of the organization should be described in section 170(b)(1)(A)(i) of "Yes," complete Schedule E 48 and 49 by the organization make any transfers to an exempt inon-charitable related organization make any transfers to an exempt inon-charitable related organization make any transfers to an exempt inon-charitable related organization? 49 by 11° Yes," was the related organization section 527 organizations? 50 complete this table for the organization section 527 organization from the organization of the organization organizatio			` ` ` ` ` `	s must answer quest	10115 47 - 430 6	and 52, a	and complete in	e lable	5 101 1111	CS
A			`	hedule O to respond	to any questio	on in this	s Part VI			🗆
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax   47			one on the organization does be		to any quodin				Ye	
year? If "Yes," complete Schedule C, Part II  48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-chantable related organization?  50 Complete this table for the organization is whighest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and tide of each employee paid over \$100,000 of compensation from the organization. If there is none, enter "None"  (b) Average hours per week employees (offermine W-2/1099-MISC)  (c) Reportable compensation (formine W-2/1099-MISC)  (d) Health becetts, beneating the properties of the organization organiz	47	Did the	organization engage in lobbying activities o	r have a section 501(h) ele	ction in effect durir	ng the tax		Γ		
the cognization as school as described in section 170(b)(1)(A)(ii)? If Yes," complete Schedule E 49a Did he organization as each received organization? 49a Did he organization as each received organization? 49a Did he organization as each received more than \$100,000 of compensated employees (other than officers, directors, fursites and key employees) who each received more than \$100,000 of compensation from the organization of there is none, enter "None" (b) Average nous per week and there is none, enter "None" (c) Reportable compensation from the res is none, enter "None" (c) Reportable compensation from the res is none, enter "None" (c) Reportable compensation from the resistance of the received more than \$100,000 of compensation from the organization of the properties of t									47	X
b If "Yes," was the related organization a section 527 organization?  Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."  (b) Average (b) Average (c) Reportable compensation from the organization of the compensation of the position of position of position of the position of the position of position of position of the position of the position of the position of positio								[	48	X
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is, none, enter "None"  (a) Name and life of each employee  (b) None  f Total number of other employees paid over \$100,000  f Total number of other employees paid over \$100,000  (c) Estimated an other compensation from the organization of the position of the position of the organization of the	49a	Did the	organization make any transfers to an exer	npt non-charitable related	organization?			[	49a	Χ
employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and title of each employee  (b) Average hours per week devoted to position  (c) Regionable compensation (Forms W-2r/099-MISC)  (d) Health benefits, we bound from the organization of the compensation of the region of the organization organization organization of the organization organization organization organization organization organization organization o	b	If "Yes,"	was the related organization a section 527	organization?				[	49b	
(a) Name and life of each employee  (b) Average hours per week devoted to position  (c) Reponable compensation  (d) Halaith benefits of control of the compensation of the position of the position to employee benefit plans, and deferred compensation  (e) Average hours per week devoted to position  (Forms W-21059-MISC)  (f) Reponable compensation  (g) Reponable compensation  (hourself left)  (g) Compensation  (hourself left)  (g) Compensation  (g) Type of service  (h)	50	Comple	te this table for the organization's five highe	st compensated employee	es (other than office	ers, directo	ors, trustees and key			
(a) Name and title of each employee (b) Average Compensation (Forms W-2/1099-MISC)  f Total number of other employees paid over \$100,000		employe	ees) who each received more than \$100,00	0 of compensation from th	e organization If t	here is noi	ne, enter "None "			
tother compersus to the compensation of the received more than state for the organization if there is none, enter "None"  (a) Name and business address of each independent contractors (b) Type of service (c) Compensation  (b) Total number of other independent contractors each receiving over \$100,000 ·				(b) Average	(c) Reportable	e		(e) E:	stimated am	ount of
f Total number of other employees paid over \$100,000			(a) Name and title of each employee	· ·	· ·	be	nefit plans, and deferred	1 ''		
f Total number of other employees paid over \$100,000				devoted to position	(Forms W-2/1099-N	iisc)	compensation	<del> </del>		
f Total number of other employees paid over \$100,000		-								
Sign Here  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 · · · ▶  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.	NONE	<u>.                                    </u>						+		
Somplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 · · · ▶  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.										
Somplete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 · · · ▶  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.				<del> </del>	<u> </u>			+		
Sign Here  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 · · · ▶  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.										
Sign Here  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 · · · ▶  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.										
Sign Here  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 · · · ▶  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.										
Sign Here  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 · · · ▶  Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.										
Sign  Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor  (b) Type of service  (c) Compensation  NONE   d Total number of other independent contractors each receiving over \$100,000 · · · ▶  Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A.										
\$100,000 of compensation from the organization. If there is none, enter "None"  (a) Name and business address of each independent contractor.  (b) Type of service.  (c) Compensation.  NONE  d Total number of other independent contractors each receiving over \$100,000 · · · · ▶  52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A.  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. Schedule A:  Sign  Print/Type or print name and title.  Preparer's signature.  Date  Check:  If PTIN	f	Total nu	mber of other employees paid over \$100,0	00						
A   Name and business address of each independent contractor   (b) Type of service   (c) Compensation	51	Comple	te this table for the organization's five highe	st compensated independ	ent contractors wh	o each rec	eived more than			
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A  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 Balagtion of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Here  REBECCA SPELL, PRESIDENT  Type or print name and title  Print/Type preparers name  Preparer's signature  Date  Check Inf. PTIN		\$100.00	0 of compensation from the organization	f there is none, enter "Non	e "					
d Total number of other independent contractors each receiving over \$100,000  52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A  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 Balagtion of preparer (other than officer) is based on all information of which preparer has any knowledge  Sign  Here  REBECCA SPELL, PRESIDENT  Type or print name and title  Print/Type preparers name  Preparer's signature  Date  Check Inf. PTIN		(a)	Name and husiness address of each independent cont	ractor	(b) Type (	of service		(c) Compe	ensation	
d Total number of other independent contractors each receiving over \$100,000 · · · ▶  52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A · · · · · · · · · · · · · · · · · ·		(0)	Haine and business address of each independent cont		(5) 1,500	o. service				
d Total number of other independent contractors each receiving over \$100,000 · · · ▶  52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A · · · · · · · · · · · · · · · · · ·										
Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A	NONE	<u> </u>								
Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A							ŀ			
Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A		<del></del>	<del></del>							
Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A						· <del>-</del> ·				
52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations must attach a completed Schedule A										
Completed Schedule A	d	Total nu	mber of other independent contractors eac	h receiving over \$100,000						
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 beclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign  REBECCA SPELL, PRESIDENT  Type or print name and little  Preparer's signature  Date  Check I if PTIN	52	Did the	organization complete Schedule A? Note	All section 501(c)(3) organi	zations must attacl	n a				
true, correct, and complete sociaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Sign Here  REBECCA SPELL, PRESIDENT Type or print name and title  Print/Type preparer's name  Preparer's signature  Date Check Inf. PTIN		complet	ed Schedule A		<u></u> .			<b>▶</b> 🛚	Yes 🗌	No
Sign Here    Print/Type preparer's name   Preparer's signature   Date   Check   If   PTIN			ø					edge and	belief, it is	
Sign Here  REBECCA SPELL, PRESIDENT Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN	rue, c	orrect, an		officer) is based on all informa	ition of which prepare	er has any k	nowledge	<u> </u>		
REBECCA SPELL, PRESIDENT Type or print name and title  Print/Type preparer's name  Preparer's signature  Date Check X if PTIN	<u> </u>						7-9-19	7		
Type or print name and title  Print/Type preparer's name  Preparer's signature  Date  Check X if PTIN	-		Signature of officer				Date / I_C -	ia		
Print/Type preparer's name Preparer's signature Date Check X if PTIN	Here	e		· · · · · · · · · · · · · · · · · · ·			7-7-	<u> </u>		
Date to the second seco			<u>, , , , , , , , , , , , , , , , , , , </u>	Drongrada e anatoma	15			l pro-		
	D~:~			Preparer's signature						
D				The same of the sa	03-2	7-2019		P01:	338039	
11 0.1	•			<u>/</u>			Firm's EIN			
	Jac	Unity					Phase			
CLINTON NC 28328 Phone no  May the IRS discuss this return with the preparer shown above? See instructions Yes	May t	he IRS 4	·				•	<b>▶</b> □	Yes X	No
EEA Form 990-E		1110 0	Social will the preparer showing	SOUTH STRUCTURES						

### **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 ► Attach to Form 990 or Form 990-EZ.

2018

OMB No 1545-0047

Open to Public Inspection

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

Name of the organization

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

Employer identification number

TI	1'S	GIFT INC					35-23458	
Pa	irt l	Reason for Public Charity	y Status (All or	ganizations must c	omplete	this part	) See instruction	ns
The	orga	nization is not a private foundation beca	ause it is (For lines	1 through 12, check on	y one box	)		
1		A church, convention of churches, or	association of chur	ches described in sectio	n 170(b)(1	)(A)(ı)		~(X
2		A school described in section 170(b)	(1)(A)(iı). (Attach S	chedule E (Form 990 or	990-EZ))		(	101
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	0(b)(1)(A)(i	in).	•	<b>)</b> ,
4		A medical research organization opera	ated in conjunction	with a hospital described	in section	170(b)(1)	(A)(III). Enter the	
		hospital's name, city, and state	•					
5	П	An organization operated for the bene	fit of a college or u	niversity owned or opera	ted by a go	vernment	al unit described in	
	_	section 170(b)(1)(A)(iv) (Complete F	-	,	, ,			
6	П	A federal, state, or local government of	· ·	it described in section 1	70(b)(1)(A	)(v)		
7	Ħ	An organization that normally receives	-				n the general public	
•	ш	described in section 170(b)(1)(A)(vi)		• • • • • •	Cirimona	u 01 01	the general public	
8	$\Box$	A community trust described in section						
9	H	An agricultural research organization	,		itad in cani	unction wit	h a land grant collogo	
3	Ш			. ,, ,, ,, ,	•			,
		or university or a non-land-grant colle	ge of agriculture (Se	se instructions) Enter th	e name, on	iy, and Stat	e of the college of	
10	X	university  An organization that normally receives	(1) mara than 22	1/20/ of to support from	oontributio	na mamb	arabin face, and area	•
10		,	• •			-		5
		receipts from activities related to its ex	•	•	•			
		support from gross investment income		•		•	om businesses	
		acquired by the organization after Jun				•		
11	님	An organization organized and operat	•	·				
12	Ш	An organization organized and operat	•	•			, ,	
		of one or more publicly supported orga		, ,, ,			, ,, ,	
		Check the box in lines 12a through 12				•		
	а	Type I A supporting organization		· · · · · · · · · · · · · · · · · · ·		_		
		the supported organization(s) the		· ·	ty of the di	ectors or t	rustees of the	
		supporting organization You mus	-					
	ь	Type II A supporting organization	•			_	• • •	
		control or management of the sup		•	rsons that	control or r	nanage the supported	d
		organization(s) You must compl	lete Part IV, Sectio	ons A and C.				
	С	☐ Type III functionally integrated.					· ·	1,
		its supported organization(s) (see	•	•				
	d	☐ Type III non-functionally integra	ated A supporting of	organization operated in	connection	with its su	pported organization(	(s)
		that is not functionally integrated	The organization g	enerally must satisfy a d	istribution r	equiremen	t and an attentivenes	S
		requirement (see instructions) Yo	ou must complete	Part IV, Sections A and	d D, and Pa	art V		
	е	Check this box if the organization	received a written	determination from the II	RS that it is	a Type I,	Type II, Type III	
		functionally integrated, or Type III	non-functionally int	egrated supporting orga	nızatıon			
	f	Enter the number of supported organi	zations · · ·					
	g	Provide the following information about	t the supported org	ganization(s)	· -			
	(1	) Name of supported organization	(II) EIN	(III) Type of organization	1 ' '	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	listed in you docum	ur governing nent?	support (see instructions)	other support (see instructions)
				25575 (555 1151155115115))		,		,
					Yes	No		
(A)								
<u>~</u>								
/B\								
(B)								
(0)								
(C)								
(D)								
(D)								
<u></u>								
(E)								
Tota	1		······································					

	-						
٠.	• •						1
	4-lo A /Form 000 or 000 F7) 2019	C CIEM INC				25 024501	, / <sub>Dage 2</sub>
	rt II Support Schedule for Org	S GIFT INC	escribed in S	ections 170/h	$\frac{1}{\sqrt{1}}$	35-234581 170(b)(1)(A)(vi	5 / Page 2
	(Complete only if you check						
	Part III If the organization f						y under
Sec	tion A. Public Support	ans to quanty	didei tile test	o noted below,	picase complet	er are in y	/
_	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
		(2) 2014	(6) 2013	(0) 2010	(4) 2017	(e) 2010	(i) rotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3 · · · · · ·					<i>X</i>	
5	The portion of total contributions by						
	each person (other than a	•					
	governmental unit or publicly					ļ	
	supported organization) included on			· ·			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support Subtract line 5 from line 4 · ·	<b>,</b>	<u> </u>	1			
	tion B. Total Support		T			<u> </u>	
alei	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
, 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
1	Total support. Add lines 7 through 10 .		l	\	1		
2 3	Gross receipts from related activities, etc. (see First five years. If the Form 990 is for the organization, check this box and stop here.)	ganization's first, s		,		•	
ec	tion C. Computation of Public Su	pport Percen	tage /				
4	Public support percentage for 2018 (line 6, co	olumn (f) divided l	oy line 11, column i	(f)) · · · · · · · ·		14	%
5	Public support percentage from 2017 Schedu	ule A, Part II, line	14			15	%
6a	33 1/3% support test - 2018 If the organization	tion did not check	the box on line 13,	, and line 14 is 33 1	1/3% or more, check	this	_
	box and stop here. The organization qualifies	s as a publicly sup	ported organizatio	n			▶ 🔲
b	33 1/3% support test - 2017. If the organizat		/				_
_	this box and stop here. The organization qua		<i>y</i> .				▶ ∐
7a	10%-facts-and-circumstances test - 2018.	-	/				
	10% or more, and if the organization meets the		,		•		
	Part VI how the organization meets the "facts		•	nization qualifies as		eo	. □
h	organization	/				· · · · · · · · · · · · · · · · · · ·	· · · • 📙

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

18

35-2345815

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

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

Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	20,473	56,124	40,726	64,117	73,117	254,557
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	20,113	30,121	10,7.20	0.72.	,22.	231,337
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 · · · · · · ·	20,473	56,124	40,726	64,117	73,117	254,557
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) · · · · · · · · · · · · · · · · · ·					-	254 557
Sec	ction B. Total Support						254,557
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6 · · · · · · · · · · ·	20,473	56,124	40,726	64,117	73,117	254,557
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources • •						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b · · · · · · · · · · · ·						
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) · · · · · · · · · · · · · · · · · · ·	20,473	56,124	40,726	64,117	73,117	254,557
14	First five years. If the Form 990 is for the orgoganization, check this box and stop here						
	ction C. Computation of Public Su	<del></del>					
	Public support percentage for 2018 (line 8, co				, t		100.00 %
	Public support percentage from 2017 Schedu			· · · · · · · · · · · · · · · · · · ·		16	100.00 %
	ction D. Computation of Investme				·	45	
	Investment income percentage for 2018 (line					17	0.00 %
	Investment income percentage from 2017 Sc 33 1/3% support tests - 2018. If the organiza				•	18 Inne	0 00 %
	17 is not more than 33 1/3%, check this box a 33 1/3% support tests - 2017 If the organization	and stop here The	organization qualif	ies as a publicly su	pported organization	on · · · · · · ·	▶ 🏻
20	line 18 is not more than 33 1/3%, check this bearing foundation. If the organization did not	oox and stop here.	The organization q	ualifies as a publicly	y supported organia	zation · · · · ·	=
	i nivate touridation in the organization did no	A CHECK & DOX OH III	ic 14, 13a, 01 190,	CHECK THIS DOX 9110	ace manucilons	<del></del>	· · · · · · ·

# **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a

► Attach to Form 990 or Form 990-EZ

2018

Department of the Treasury

Open to Public

iternal Revenue Service	▶Go to www irs.gov/	Form990 for i	nstructions a	nd the latest information	<u>n</u>		Inspection
ame of the organization						Employer ide	entification number
'IM'S GIFT INC		_				35-23	345815
Part I Fundraising Act	ivities. Complete if	the organi	zation an	swered "Yes" on	Form 990	), Part IV	, line 17
Form 990-EZ filers	are not required to co	mplete this	part				
1 Indicate whether the organiza	tion raised funds through	any of the fo	llowing activ	ities Check all that ap	ply		
a Mail solicitations		e 🗌	Solicitation	of non-government gr	ants		
b Internet and email solicitat	ions			of government grants			
c Phone solicitations		_		draising events			
d In-person solicitations		_		_			
2a Did the organization have a w	ritten or oral agreement v	vith any indivi	dual (includ	ng officers, directors,	trustees,		
or key employees listed in Fo	rm 990, Part VII) or entity	ın connectioi	n with profes	sional fundraising ser	vices?	□ Y	'es 🗌 No
b If "Yes," list the 10 highest pai	d individuals or entities (fi	undraisers) p	ursuant to a	greements under whic	h the fundr	aiser is to be	е
compensated at least \$5,000	by the organization						
		(III) Did fund	draiser have			unt paid to	(vi) Amount paid to
(i) Name and address of individuor entity (fundraiser)	(ii) Activity	custody or	control of	(iv) Gross receipts from activity		ained by) er listed in	(or retained by)
, (,		contrib	utions?			i (i)	organization
		Yes	No				
1							
2							
3							
4							
5							
6							
7							
8							
9							
0							
				`			
otal			▶				
3 List all states in which the orga	nization is registered or lie	censed to sol	icit contribut	ions or has been notif	ied it is exci	npt from	
registration or licensing							
							·
	<u> </u>						
		-					

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events **GOLF TOURNAM** (add col (a) through RISE UP NONE col (c)) (event type) (event type) (total number) Gross receipts . . . . . . . . 30,547 14,609 45,156 Less Contributions Gross income (line 1 minus line 2) . . . . . . . . . . . . . . . . 30,547 14,609 45,156 Cash prizes Noncash prizes Rent/facility costs . . . . . . . 2,195 880 Expenses 3,075 7 Food and beverages · · · · · 465 242 707 Entertainment . . . . . . . . . 1,596 1,596 Other direct expenses 679 1,184 1,863 Direct expense summary Add lines 4 through 9 in column (d) 7,241 Net income summary Subtract line 10 from line 3, column (d) 11 . . . . . . . . . . 37,915 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue · · · · · · 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses Yes Yes Volunteer labor No Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary Subtract line 7 from line 1, column (d) · · · · · · · · · · · · · ▶ Enter the state(s) in which the organization conducts gaming activities Is the organization licensed to conduct gaming activities in each of these states? If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? If "Yes," explain

# **SCHEDULE 0** (Form 990 or 990-EZ)

.43

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
ART III, ORGANIZATION'S PRIMARY EXEMPT PURPOSE:
HE 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 23 FAMILIES WITH CANCER
RELATED EXPENSES. PROVIDED 30 PERSONS WITH MEDICINE. PROVIDED MORE THAN 900 PIECES OF
MEDICAL EQUIPMENT AND SUPPLIES. PART III, LINE 29. HELPING THE COMMUNITY-THE ORGANIZATION
PROVIDED \$3,743 IN GAS AND FOOD. THE ORGANIZATION ASSISTED 13 FAMILIES THAT WERE AFFECTED
BY HURRICANE. THE ORGANIZATION ASSISTED 12 FAMILIES WITH UTILITIES AND HOUSING. THE
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 27,647
SUPPLIES 2,424
EQUIPMENT, COMPUTERS ETC 1,199
MMBRSHP FEES, PERMITS, & BANK FEES 936
LIABILITY/AUTO INSURANCE 3,670
FUNDRAISER AND RAFFLE EXPENSE 274
TRAVEL/FUEL/MEALS AND ENTERTAINMENT 2,278

Schedule O (Form 990 or 990-EZ) (2018)		Page 2
Name of the organization		Employer identification number
TIM'S GIFT INC		35-2345815
1.	70	
DVERTISING	992	
EHICLE PURCHASE	22,301	
ENICLE PORCHASE	22,301	
EPRECIATION FOR VEHICLE	4,460	
)3. Other changes in net assets or fur	nd balances (Part I, line	20)
DESCRIPTION	AMOUNT	
	11100111	
TRADED KIA FOR A 2013 TOYOTA TACOMA	15,493	
04. Description of other assets (Part	TT 1:00 24)	
04. Description of other assets (Part	11, 11ne 24)	
CATEGORY	BEGINNING OF YEAR	END OF YEAR
VEHICLE	6,339	18,286
05. Description of total liabilities	(Part II line 26)	
os. Bescripción or cocur riabilities	(tare ir, iiiie 20)	
CATEGORY	BEGINNING OF YEAR	END OF YEAR
PAYROLL END OF YEAR	870	0
· · · · ·	-	
•		
\$1-77(		