2949218600823

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)

·2019

Open to Public Inspection

Department of the Treasury

Form 990-€Z

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

Inter	rnal Revenue Servi	GO TO WWW ITS: GOV/FOITINGSOEZ TOT INSTRUCTIONS and the t	atest iinomiatio	·11		
Α	For the 2019 of	llendar year, or tax year beginning , 2019, and	ending		, <u>20</u>	
В	Check if applicable	C Name of organization		Employer id	entification number	
Address change		TIM'S GIFT INC		35-234	5815	
	Name change	Number and street (or PO box, if mail is not delivered to street address)	Room/suite E	Telephone nu	ımber	
╝.	Initial return		ł			
	Final return/termina	108 NORTHEAST BLVD		(910)5	92-1126	
□ .	Amended return	City or town, state or province, country, and ZIP or foreign postal code	02 F	Group Exemp	otion	
<u> </u>	Application pending	CLINTON, NC 28328	05	Number >		
G,	Accounting Me	nod X Cash	H CI	heck▶ 🔲 ıf	the organization is not	
1	Website.	rimsgift.com	re	quired to attach	Schedule B	
<u>J</u>	Tax-exempt st	tus (check only one) - 🗵 501(c)(3) 🔲 501(c)() ◀ (insert no) 🔲 4947(a)(1) or	527 (F	orm 990, 990-E	Z, or 990-PF)	
K	Form of organia	ation 🗵 Corporation 🗌 Trust 🔲 Association 🔲 Other _				
L	Add lines 5b, 6	, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if total assets	s		
			· · · · · · · · ·			
Pi	art I Re	venue, Expenses, and Changes in Net Assets or Fund Balan			·	
		ck if the organization used Schedule O to respond to any question in thi			· · · · · · · · · · · · · · X	Ì
	t e	outions, gifts, grants, and similar amounts received			81,607	
		m service revenue including government fees and contracts $\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot\cdot$				1
		ership dues and assessments				
	ĺ	nent income		4		
	5a Gross	amount from sale of assets other than inventory 5a	3			
	b Less	cost or other basis and sales expenses	o			
	c Gain	r (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		_	
	6 Gamı	g and fundraising events			RECEIVED	
٠.	a Gross	income from gaming (attach Schedule G if greater than			1,40011166	É
Jue	\$15,0	0)	a	8	MAD A A BABA	Ì
Revenue	b Gross	income from fundraising events (not including \$ of cont	ributions	B608	MAR 0 9 2020	8
ď	from t	ndraising events reported on line 1) (attach Schedule G if the	,			Ě
	sum o	such gross income and contributions exceeds \$15,000) 6	37	7,859	OGDEN, UT	
	1	firect expenses from gaming and fundraising events		7,162		2
	1	ome or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac				
	I .)		• • • 6d	30,697	
		sales of inventory, less returns and allowances				
		cost of goods sold · · · · · · · · · · · · · · · · · · ·	<u> </u>			
		profit or (loss) from sales of inventory (Subtract line 7b from line 7a)				
)	revenue (describe in Schedule O)		8		
	9 Total					
		evenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	112,304	
	10 Grant	evenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9 10	112,304	
	10 Grant 11 Benet	evenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9 10 11	112,304	
Si	10 Grant 11 Benef 12 Salari	and similar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·		▶ 9 10 11 12	24,071	
uses	10 Grant11 Benef12 Salari13 Profe	and similar amounts paid (list in Schedule O)		▶ 9 10 11 12 13	24,071 1,702	
sesueds	10 Grant 11 Benet 12 Saları 13 Profe: 14 Occu	and similar amounts paid (list in Schedule O)		▶ 9 10 11 12 13 14	24,071 1,702 15,792	
Expenses	10 Grant 11 Benet 12 Salari 13 Profe: 14 Occui 15 Printir	and similar amounts paid (list in Schedule O)		9 10 11 12 13 14 15	24,071 1,702 15,792 2,251	
Expenses	10 Grant 11 Benef 12 Salari 13 Profe 14 Occup 15 Printir 16 Other	and similar amounts paid (list in Schedule O)		9	24,071 1,702 15,792 2,251 39,728	
Expenses	10 Grant 11 Benef 12 Salari 13 Profe 14 Occup 15 Printir 16 Other 17 Total	and similar amounts paid (list in Schedule O)		9 10 11 12 13 14 15 16 17	24,071 1,702 15,792 2,251 39,728 83,544	
	10 Grant 11 Benet 12 Salari 13 Profe: 14 Occup 15 Printir 16 Other 17 Total 18 Exces	and similar amounts paid (list in Schedule O)		9 10 11 12 13 14 15 16 17	24,071 1,702 15,792 2,251 39,728	
	10 Grant 11 Benet 12 Salari 13 Profe 14 Occup 15 Printir 16 Other 17 Total 18 Exces 19 Net as	and similar amounts paid (list in Schedule O) s paid to or for members s, other compensation, and employee benefits sional fees and other payments to independent contractors ancy, rent, utilities, and maintenance g, publications, postage, and shipping expenses (describe in Schedule O) expenses. Add lines 10 through 16 sor (deficit) for the year (Subtract line 17 from line 9) sets or fund balances at beginning of year (from line 27, column (A)) (must agree with		9 10 11 12 13 14 15 16 17	24,071 1,702 15,792 2,251 39,728 83,544	
	10 Grant 11 Benet 12 Salari 13 Profe: 14 Occup 15 Printir 16 Other 17 Total 18 Exces 19 Net as end-o	and similar amounts paid (list in Schedule O) s paid to or for members s, other compensation, and employee benefits sional fees and other payments to independent contractors ancy, rent, utilities, and maintenance g, publications, postage, and shipping expenses (describe in Schedule O) expenses. Add lines 10 through 16 or (deficit) for the year (Subtract line 17 from line 9) sets or fund balances at beginning of year (from line 27, column (A)) (must agree with year figure reported on prior year's return)		9 10 11 12 13 14 15 16 17 18 19	24,071 1,702 15,792 2,251 39,728 83,544	
Net Assets Expenses	10 Grant 11 Benef 12 Salari 13 Profei 14 Occup 15 Printir 16 Other 17 Total 18 Exces 19 Net as end-o 20 Other	and similar amounts paid (list in Schedule O) s paid to or for members s, other compensation, and employee benefits sional fees and other payments to independent contractors ancy, rent, utilities, and maintenance g, publications, postage, and shipping expenses (describe in Schedule O) expenses. Add lines 10 through 16 sor (deficit) for the year (Subtract line 17 from line 9) sets or fund balances at beginning of year (from line 27, column (A)) (must agree with		9 10 11 12 13 14 15 16 17 18 19 20	24,071 1,702 15,792 2,251 39,728 83,544 28,760	

Form 990-F7 (2019)

EEA

Form	990-EZ (2019) TIM'S GIFT INC 35-23458	31 <u>5</u>	F	⊃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			<u>. 🗆</u>
			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	L _	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			
	change on Schedule O See instructions	34		x
35 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)?	35a		x
b	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		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
••	during the year? If "Yes," complete applicable parts of Schedule N · · · · · · · · · · · · · · · · · ·	36		x
37.2	Enter amount of political expenditures, direct or indirect, as described in the instructions	30		^
	Did the organization file Form 1120-POL for this year?	37b		
		3/0		X
so 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
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	4 !		'
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		Х
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 · · · · · · · · · · · · · · · · · · ·			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			ĺ
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	-		_
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		х
	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			1
	Financial Accounts (FBAR)			[]
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Vee " onter the name of the foreign country.	<u></u>		
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 · · · · · · · · · · · · · · · · · · ·			
	and this the time that exempt mereal resource of decrease saming the tax year.		Yes	No
44 2	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	$\overline{}$		
→ u	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	 a		X
b				
	completed instead of Form 990-EZ	44b		X
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<u> </u>
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_
þ	,			
	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 9	990-EZ (201	9) TIM'S GIFT INC				35-2345	815	F	age 4
		•						Yes	No
46	Did the	organization engage, directly or indirectly, i	n political campaign activitie	es on behalf of or in oppos	sition				ر ز
		dates for public office? If "Yes," complete			<u></u>	<u> </u>	46		x
Par		Section 501(c)(3) Organization							
		All section 501(c)(3) organization	is must answer quest	ions 47 - 49b and 5	2, and comp	plete the tab	les for	lines	S
		50 and 51							_
		Check if the organization used S	chedule O to respond	to any question in	this Part VI		<u> </u>		· <u>L</u>
								Yes	No
47	Did the	organization engage in lobbying activities o	r have a section 501(h) ele	ction in effect during the ta	эx				
	,						47		x
48	Is the or	ganization a school as described in section	า 170(b)(1)(A)(แ)? If "Yes," c	complete Schedule E .			48		<u>x</u>
49 a	Did the	organization make any transfers to an exer	npt non-charitable related o	organization?			49a		<u>x</u>
b	If "Yes,"	was the related organization a section 527	organization?				49b		<u> </u>
50	Comple	te this table for the organization's five highe	est compensated employee:	s (other than officers, dire	ctors, trustees a	nd key			
_	employe	ees) who each received more than \$100,00	00 of compensation from the	e organization If there is	none, enter "No	ne "			
			(b) Average	(c) Reportable	(d) Health ber				
		(a) Name and title of each employee	hours per week	compensation	contributions to e	,,	Estimate other cor		
_			devoted to position	(Forms W-2/1099-MISC)	compensa				
NON	E								
			<u> </u>						
						,			
f	Total nu	mber of other employees paid over \$100,0	00 ▶		_				
51	Comple	te this table for the organization's five highe	est compensated independe	ent contractors who each	received more th	nan			
	\$100,00	0 of compensation from the organization	If there is none, enter "None	e."					
	(2)	Name and business address of each independent cont	mater	(b) Type of service	_	(a) Co	mpensation		
	(a)	traine and business address of each independent con-		(b) Type of service	9			<u> </u>	
No	NE			 					
			_ _						
				L					
		mber of other independent contractors eac	_						
52		organization complete Schedule A? Note . A	III section 501(c)(3) organiza	ations must attach a		,	_		
							X Yes		No
		of религу, I declare that I have examined this re	7-7			ny knowledge and	d belief, it	IS	
true, c	correct, and	d complete Oeclaration of preparer (other than	officer) is pased on all informat	ion of which preparer has an	y knowledge				
		1 Delecco	180012	<u>' </u>		Z5='	20	_	
Sigi		Signature of officer		_	Date				
Her	е	REBECCA SPELL, PRESIDENT							
	L	Type or print name and litle	r						
_	_	Print/Type preparer's name	Preparer's signature	Date	Chec	ck 🔣 f P	TIN		
Paid		SYLVIA MILLER	Some-	02-24-20)20 self-	employed PC	13380	39	
-	parer	Firm s name SYLVIA MILLER	ACCOUNTING		Firm's EIN	>			
Use	Only	Firm's address > 204 LISBON STRI	EET						
		CLINTON NC 2833	28		Phone no	910-596	-0964		
May t	he IRS di	scuss this return with the preparer shown	above? See instructions	<u> </u>	· · · · · · ·	· · · · 	Yes	x	No
						,			2040)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

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

2019

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

TIM	יו	GIFT INC					35-234581	5		
Pa	rt I	Reason for Public Charity	y Status (All or	ganizations must o	omplete	this part) See instructions			
The	orga.	nization is not a private foundation beca	use it is (For lines	1 through 12, check only	one box)					
1	Ц	A church, convention of churches, or a	ssociation of church	nes described in section '	170(b)(1)(<i>A</i>	A)(1).	^_			
2	Ц	A school described in section 170(b)(1)(A)(ıı). (Attach Sc	hedule E (Form 990 or 99	90-EZ))		$O_{\mathcal{A}}$			
3	Ц	A hospital or a cooperative hospital ser	vice organization de	escribed in section 170(b)(1)(A)(III).					
4	Ц	A medical research organization opera	ted in conjunction w	vith a hospital described in	section 1	70(b)(1)(A))(III). Enter the			
	_	hospital's name, city, and state								
5		An organization operated for the benef	fit of a college or un	iversity owned or operate	ed by a gov	ernmental	unit described in			
	_	section 170(b)(1)(A)(IV). (Complete P	art II)							
6		A federal, state, or local government or	governmental unit	described in section 170	(b)(1)(A)(v).				
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
		described in section 170(b)(1)(A)(vi). (Complete Part II)								
8		A community trust described in section	170(b)(1)(A)(vi). (Complete Part II)						
9		An agricultural research organization d	escribed in section	170(b)(1)(A)(IX) operate	d in conjun	ction with a	land-grant college			
		or university or a non-land-grant colleg	e of agriculture (se	e instructions) Enter the	name, city,	and state	of the college or			
	_	university					<u> </u>			
10	X	An organization that normally receives	, ,							
		receipts from activities related to its ex	•	•						
		support from gross investment income	and unrelated bus	iness taxable income (les	ss section 5	511 tax) froi	m businesses			
	_	acquired by the organization after June	30, 1975 See sect	tion 509(a)(2) (Complete	Part III)					
11	Ц	An organization organized and operate	d exclusively to test	for public safety. See see	ction 509(a	1)(4)				
12	П	An organization organized and operate	ed exclusively for th	e benefit of, to perform th	e functions	s of, or to c	arry out the purposes			
		of one or more publicly supported orga								
		Check the box in lines 12a through 12a		• • • • • • • • • • • • • • • • • • • •						
	а	Type I. A supporting organization of	operated, supervised	d, or controlled by its supp	orted orga	nızatıon(s),	typically by giving			
		the supported organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ctors or tru	stees of the			
		supporting organization You mus	•							
	b	Type II. A supporting organization								
		control or management of the sup			sons that co	ontrol or ma	anage the supported			
		organization(s) You must comple	•							
	С	Type III functionally integrated.					ally integrated with,			
		its supported organization(s) (see i		•						
	d	Type III non-functionally integra	· · · · · ·	-						
		that is not functionally integrated	= =	•			and an attentiveness			
		requirement (see instructions) You	•	•			U T III			
	е	Check this box if the organization				aiypei,iy	ре п, туре п			
		functionally integrated, or Type III		-						
	T	Enter the number of supported organiz								
	g	Provide the following information abou			Lus la tha a		(v) Amount of monetary	(iii) Amount of		
	(1) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-10		rganization ir governing	support (see	(vi) Amount of other support (see		
				above (see instructions))	docum	-	instructions)	instructions)		
					Yes	No				
				· · · · · · · · · · · · · · · · · · ·	 			<u> </u>		
(A)			1			ŀ				
					 	 				
(B)]	,			
										
(C)							,			
(D)										
(D) ——										
(E)					1	1				
Tota					-					

	dule A (Form 900 or 990-EZ) 2019 TIM'S GIF	T INC				35-23458	15 Page/2
P	art II Support Schedule for Organiz						
	(Complete only if you checked the						alify under
_	Part III If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III)	
_	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·				1	
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")				<u> </u>		
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	}	1	1	/	1	
	organization without charge		-				
4	102						
5	The portion of total contributions by						
	each person (other than a			-		[•
	governmental unit or publicly						
	supported organization) included on	,	~	/	1		
	line 1 that exceeds 2% of the amount			/	1	1	
	shown on line 11, column (f)						
6							
_	ction B. Total Support		-				<u> </u>
	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	/(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4 · · · · · · · · · · · ·						
8	Gross income from interest, dividends,		/			1	
	payments received on securities loans,			ĺ	[ĺ	
	rents, royalties and income from						
	similar sources						
9	Net income from unrelated business			}	1	1 1	
	activities, whether or not the business						
	is regularly carried on						
10						'	
	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	ee instructions)			12	
13	First five years. If the Form 990 is for the org						
	organization, check this box and stop here/	<u> </u>		<u></u>	<u> </u>	<u></u>	<u> • </u>
	ction C. Computation of Public Suppor						
	Public support percentage for 2019 (line 6, c					14	%
	Public support percentage from 2018 Schedu					15	%
16a	33 1/3% support test - 2019. If the organization						
	box and stop here. The organization qualifies						
t	o 33 1/3% support test - 2018. If the organizati						
	this box and stop here. The organization qua						
17a	10%-facts-and-circumstances test - 2019.						
	10% or more, and if the ofganization meets the						
	Part VI how the organization meets the "facts						ted
	organization						
t	10%-facts-and-circumstances test - 2018.						9
	15 is 10% or more, and if the organization me						
	Explain in Part VI how the organization meets	s the "facts-an	d-circumstance	es" test. The o	rganization qua	alifies as a publ	ıcly
	supported organization						▶ 🔲
18	Private foundation. If the organization did no	ot check a box	on line 13, 16a	, 16b, 17a, or 1	7b, check this	box and see	
	instructions	<u> </u>	<u> </u>	· · · <u>·</u> · · · ·	<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · • 📗

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)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received (Do not include any "unusual grants ")	56,124	40,726	64,117	73,117	81,607	315,691
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	1	1	ł		ł	
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	1					
6	Total. Add lines 1 through 5	56,124	40,726	64,117	73,117	81,607	315,691
	Amounts included on lines 1, 2, and 3		,				
	received from disqualified persons						
b	Amounts included on lines 2 and 3	<u> </u>					
	received from other than disqualified				ļ		
	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)					İ	315,691
Sec	ction B. Total Support	<u></u>					
Cal	endar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	56,124	40,726	64,117	73,117	81,607	315,691
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,	1					
	royalties, and income from similar sources						
b	Unrelated business taxable income (less]					
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	[[ľ	1	ľ	
	or not the business is regularly carried on						
12	Other income Do not include gain or	[
	loss from the sale of capital assets	İ	ľ		Ĭ		
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,		İ		į		
	and 12)	56,124	40,726	64,117	73,117	81,607	315,691
14	First five years. If the Form 990 is for the org	janızatıon's first	, second, third,	fourth, or fifth	tax year as a s	ection 501(c)(3)	_
	organization, check this box and stop here				<u> </u>	· · · · · · · · ·	<u></u> ▶ []
	ction C. Computation of Public Suppo				·		
	Public support percentage for 2019 (line 8, c		•	column (f)) · ·		15	100.00 %
	Public support percentage from 2018 Sched				<u> </u>	16	100.00 %
	ction D. Computation of Investment In				<u> </u>		
17	investment income percentage for 2019 (line	10c, column (f)	, divided by line	e 13, column (f))	17	0.00 %
	Investment income percentage from 2018 Sc					18	0.00 %
19a	33 1/3% support tests - 2019. If the organization	ation did not che	ck the box on	line 14, and line	e 15 is more tha	an 33 1/3%, and	
	17 is not more than 33 1/3%, check this box a	and stop here . [¬]	The organization	on qualifies as	a publicly supp	orted organizati	on 🕠 🕨 🔣
b	33 1/3% support tests - 2018. If the organization						
	line 18 is not more than 33 1/3%, check this b	oox and <mark>stop he</mark>	re. The organi	zation qualifies	as a publicly s	supported organ	ization 🕨 🗌
20	Private foundation If the organization did no	ot chack a hav c	n line 1/1 10a	or 10h chack	thic hav and co	a instructions	

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Co to warry the particular and the latest information

OMB No 1545-0047 2019

Department of the Treasury In N

Open to Public;

	Go to www irs gov/	FORMSSO FOR III	Structions an	u tile latest linormatio			mspection
Name of the organization						, ,	ntification number
TIM'S GIFT INC	0	41	-1	wared UVe all and	<u> </u>	35-23	45815
Part I Fundraising Activities				wered reston	Form 99	o, Partiv,	ine i/
Form 990-EZ filers are no				c Chack all that ann	h.,		
1 Indicate whether the organization rais a Mail solicitations	sea tunas through	_		is. Check all that appl finon-government gra			
a ☐ Mail solicitations b ☐ Internet and email solicitations				f government grants	กแร		
=				aising events			
c Phone solicitations		g 📙 :	Special fullor	aising events			
d In-person solicitations2a Did the organization have a written or	oral agraement w	uth any individ	ual (including	officers directors tr	uctooc		
or key employees listed in Form 990,						ПУ	es 🗌 No
b If "Yes," list the 10 highest paid individ							
compensated at least \$5,000 by the c	· ·	indiaiscrs, pai	Sudmit to agre	contento unaci winon	the fallare		
compensated at least \$5,000 by the t	organization						
	1	(w) Did 6 in	drainar haira		(v) Am	ount paid to	(vi) Amount paid to
(i) Name and address of individual	(ii) Activity		draiser have r control of	(iv) Gross receipts		tained by)	(or retained by)
or entity (fundraiser)	(,)		outions?	from activity		ser listed in of (i)	organization
		Yes	No				
1				1			
2							
3							
				-			
4							
5						-	
							ļ. <u>.</u>
6							
7						· · · · ·	-
,						•	
8							
9							
10							
Total						···	
3 List all states in which the organization	is registered or lic	ensed to solic	it contribution	ns or has been notifie	d it is exer	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 (add col (a) through GOLF TOURNAM RISE UP NONE col (c)) (event type) (event type) (total number) Revenue Gross receipts 29,558 25,558 4,000 2 Less Contributions Gross income (line 1 minus line 2) 4,000 29,558 25,558 Cash prizes Noncash prizes 3,160 991 4,151 Direct Expenses Food and beverages 615 615 Entertainment 561 561 Other direct expenses 404 720 1,124 Direct expense summary Add lines 4 through 9 in column (d) 6,451 Net income summary Subtract line 10 from line 3, column (d) 23,107 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 (a) Bingo Revenue (c) Other gaming bingo/progressive bingo col (a) through col (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor 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? b If "No," explain 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

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

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

TIM'S GIFT INC

35-2345815

Schedule O (Form 990 or 990-EZ) (2019)		<u> </u>	Page
Name of the organization		Employer identification	n number
TIM'S GIFT INC		35-2345815	
DEPRECIATION FOR VEHICLE	4,460		
03. Description of other assets	(Part II, line 24)		
	,		
CATEGORY	BEGINNING OF YEAR	END OF YEAR	
VEHICLE	18,286	13,826	
			
	-		
	<u> </u>		
			
		•	
	·		
_			