Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

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

2024 Open to Public Inspection

Α	For the	e 2024 calen	lar year, or tax year beginning 01/01/2024 and ending			12/3	31/2	024				
в	Check if	f applicable:	C Name of organization TIMELESS GIFTS					D Emp	loyer identification r	number		
	Address	s change	Doing business as						45-3482850			
	Name c	hange	Number and street (or P.O. box if mail is not delivered to street address)	e		E Telep	hone number					
	Initial re	eturn	3427 S Giles						312-208-1119			
	Final ret	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return	Chicago, IL 60616		G Gros	s receipts \$	102,314					
	Applicat	tion pending	F Name and address of principal officer: Joan Collaso		H(a)	Is this	a gro	up return	for subordinates? 🗌 Ye	s 🖌 No		
			3427 S Giles, Chicago, IL 60616		H(b) Are a	all su	Ibordina	ites included? 🗌 Ye	s 🗌 No		
I	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		lf "N	o," atta	ach a	list. See	instructions.			
J	Website	e: www.tim	elessgifts.org		H(c)) Grou	p ex	emptior	n number			
к	Form of	organization:	Corporation Trust Association Other L Year of form	nation:		2012	2	M State	e of legal domicile:	IL		
P	art I	Summa	Ŷ									
	1	Briefly des	cribe the organization's mission or most significant activities: To me	entor	asp	iring	γοι	uth in t	he area of perforr	ning		
đ		arts.										
nc.												
Ĩ												
Activities & Governance	2		box $\[\square \]$ if the organization discontinued its operations or disposed					% of i	ts net assets.			
ഷ് ഷ	3		voting members of the governing body (Part VI, line 1a)					3		7		
es	4		independent voting members of the governing body (Part VI, line 1)	,				4		0		
viti	5	Total numb	per of individuals employed in calendar year 2024 (Part V, line 2a)	endar year 2024 (Part V, line 2a)								
∖cti	6	Total numb	per of volunteers (estimate if necessary)					6		0		
4	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12					7a		0		
	b	Net unrelat	ed business taxable income from Form 990-T, Part I, line 11					7b		0		
					ŀ	Prior \	/ear		Current Yea	ar		
Ð	8	Contributio	ns and grants (Part VIII, line 1h)				2	42,601		63,950		
Revenue	9	Program se	ervice revenue (Part VIII, line 2g)					53, <mark>29</mark> 5		35,679		
leve	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)					0		0		
ш	11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					0		2,685		
	12	Total reven	ue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)				2	95, <mark>896</mark>		102,314		
	13	Grants and	similar amounts paid (Part IX, column (A), lines 1–3)					0		0		
	14	Benefits pa	id to or for members (Part IX, column (A), line 4)					0		0		
ŝ	15	Salaries, ot	her compensation, employee benefits (Part IX, column (A), lines 5–10)				1	02,890		100,612		
nse	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)					0		0		
Expenses	b	Total fundr	aising expenses (Part IX, column (D), line 25) 0									
Ш	17	Other expe	nses (Part IX, column (A), lines 11a–11d, 11f–24e)				2	41,842		74,037		
	18	Total expe	nses. Add lines 13–17 (must equal Part IX, column (A), line 25)				3	44,732		174,649		
	19	Revenue le	ss expenses. Subtract line 18 from line 12				-	48,836		-72,335		
s or				Begi	innir	ng of C	Curre	ent Year	End of Yea	r		
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)				1	42,725		70,390		
tAs Id Bå	21	Total liabili	ties (Part X, line 26)					0		0		
a n	22	Net assets	or fund balances. Subtract line 21 from line 20				1	42,725		70,390		
P	art II	Signatu	re Block									

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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of offic	cer	Da	Date				
Here	Joan Walton C	Collaso, Executive Directo						
	Type or print nar	me and title						
Paid	Preparer's name)	Preparer's signature	Date	Date		PTIN	
Preparer	ANGELA PIER	RCE			Se		P01776661	
Use Only	Firm's name	ANGELA PIERCE	Firm's EIN 83-3183544					
	Firm's address	10447 KING DRIVE, CHI	Phone no. 773-719-9049					
May the IRS	discuss this re	eturn with the preparer	shown above? See instructions				🗌 Yes 🗹 No	
Fee Deman	ula Daulua Mara A	at Mating and the second	to in administration of	0 1 11 11000	,		F 000 (000 t)	

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 99	00 (2024)		Page 2
Part			· · · · · ·
	Check if Schedule O contains a response or note to any line in this Part II		
1	Briefly describe the organization's mission: To positively impact the lives of aspiring		
Part	instructing to encourage and perpetuate creativity, confidence and professional etique	tte while providing avenues for	artistic
	growth and exposure.		
2	Did the organization undertake any significant program services during the year w	hich were not listed on the	
	prior Form 990 or 990-EZ?	[Yes 🖌 No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how	it conducts, any program	
	services?	• • • • • • • • • [Yes 🗹 No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the the total expenses, and revenue, if any, for each program service reported.	amount of grants and allocat	tions to others,
	the total expenses, and revenue, if any, for each program service reported.		
12	(Code:) (Expenses \$22,884 including grants of \$		0)
τa	Mentoring - Professional adult musicians and performers mentored and instructed asp		
4b	(Code:) (Expenses \$17,492 including grants of \$) (Revenue \$	23,152)
	Production - Christmas Concert was produced and executed.		
4c	(Code:) (Expenses \$ 5,831 including grants of \$	<u>o</u>) (Revenue \$	9,757)
	Production - Summer 2024 concert was produced and executed.		
4d	Other program services (Describe on Schedule O.) See Schedule O, Statement 1		
	(Expenses \$ 128,442 including grants of \$ 0) (Revenue \$	69,405)	
4e	Total program service expenses 174,649		

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Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	•	1 2	マ マ	
2 3	Did the organization required to complete Schedule B, Schedule of Contributors? See instructions	3	V	~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		~
6	Checklist of Required Schedules Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. Did the organization required to complete Schedule B, Schedule of Contributors? See instructions. Did the organizations and the organization engage in lobbying activities on behalf of or in opposition to candidates for yubic office? If 'Yes," complete Schedule C, Part I Is the organization and and yubic office? If 'Yes," complete Schedule C, Part I Is the organization as action 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 39-197 If 'Yes," complete Schedule C, Part II Is the organization maintain any doorn advised funds or any similar funds or accounts for which donors 'have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or historic attraes, or historic attraes, corhistoric schedule D, Part II Did the organization report an amount in Part X, line 21, for secrow or outsodial account liability; serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit repair, or dath reganization, report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V Did the organization report an amount for insettments—ortic securities in Part X, line 10? If 'Yes," complete Schedule D, Part V Did the organization report an amount for investments—ortic securities in Part X, line 10? If 'Yes," complete Schedule D, Part V Did the organization report an amount for investments—ortic securities in Part X, line 10? If 'Yes," complete Schedule D, Part V Did the organization report an amount for investments—ortic securities in Part X, l			~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	6		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		r
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		~
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		r
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		r
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		~
f	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		~
	Schedule D, Parts XI and XII	12a		r
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13		13 14a		レ レ
14a b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		~
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		~
17	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		~
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		~
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		~
	If "Yes," complete Schedule G, Part III	19		~
20a		20a		~
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	20b 21		~

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Part	V Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	No V
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		~
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		~
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		~
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		~
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		~
b c	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28b 28c		~ ~
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	29 30		~ ~
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	31		<i>v</i> <i>v</i>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		~
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		~
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		r
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	~	
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
1a b c	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 17 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 Did the organization comply with backup withholding rules for reportable payments to vendors and		Yes	No
	reportable gaming (gambling) winnings to prize winners?	1c	~	

Form 99			F	Page 5
Part			Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Va		•
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		~
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		~
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h		~
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	U		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
100	against amounts due or received from them.)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	4-		
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~
	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form	990	(2024)
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Part	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	nstruc	tions.
Secti	on A. Governing Body and Management			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-	Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	~	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		~
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? . Did the organization have members or stockholders?	4 5 6 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		~
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0-		
a b 9	The governing body?	8a 8b 9		~ ~
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	-	ode.)	
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a 10b		~
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	~	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	~	
b c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> .	12b	~	
40		12c	~	~
13 14	Did the organization have a written whistleblower policy?	13 14	~	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	14	•	
a b 16a	The organization's CEO, Executive Director, or top management official	15a 15b		ン ン
b	with a taxable entity during the year?	16a		~
~	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	·		
17 18	List the states with which a copy of this Form 990 is required to be filed IL Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (sec	tion (501(c

 Own website 	Another's website	Upon request	Other (explain on Schedule O)
			\Box Other (explain on Schedule O)

- **19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records. Joan Collaso, (312)208-1119

Form 990 (2024)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

organizations below dotted line)000Joan Walton Collaso30.00						C)					
Name and title Average hours per week (list any bours organizations below dotted line) Average hours per week (list any bours organizations below dotted line) Reportable organization (N-2) (1099-NEC) Reportable compensation from the organization and related organization and related organization below dotted line) Reportable organization related organization and related organization (1099-NEC) Estimated amount of the related organization (rom the organization and related organization (1099-NEC) Joan Walton Collaso 30.00 V V 55,200 0 Executive Director 0.00 V V 55,200 0 Dr Diane Damper 2.00 V V 38,000 0 Trustee 0.00 V 0 0 0 Pam Oliver 1.00 V	(Δ)			Pos	ition			(D)	(F)	(F)	
hours per weak (list any hours for related organizations dotted line)hours for related and a director/muscle)compensation rom the organizations (W-2/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/of other compensation from the organizations (W-2/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-MISC/ 1999-NEC)of other compensation from the organizations (W-2/ 1999-MISC/ 1999-NEC)of other compensation from the organization and related organizations organizationsJoan Walton Collaso Executive Director30.00VVVS5,2000Rayzine Collaso Executive Assistant30.00VVS8,00000Trustee0VV38,00000Trustee0.00VV000Trustee0.00VV000Trustee0.00VV000Trustee0.00VV000Pam Oliver1.00VV000Trustee0.00VV000Georgette Greenlee1.00V000Pam Oliver1.00V000Georgette Ricks4.00V000<											
Joan Walton Collaso30.00vvsgg <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>compensation</td><td>compensation</td><td></td></t<>									compensation	compensation	
Joan Walton Collaso30.00VV100-100/101000-100/10Joan Walton Collaso30.00VV55,2000Executive Director0.00VV55,2000Rayzine Collaso30.00VV38,0000Executive AssistantV38,00000Diane Damper2.00V000Trustee0.00V000Jessica Walton3.00V000Trustee0.00V000Jessica Walton3.00V000Trustee0.00V000Trustee0.00V000Trustee0.00V000Trustee0.00V000Trustee0.00V000Trustee0.00V000Trustee0.00V000Randell Phillips2.00V00Secretary0.00V000Gertrude Ricks4.00000				1	-	1	· · · · · · · · · · · · · · · · · · ·				
Joan Walton Collaso30.00VVSource)Hose Organizations generations below dotted line)VSource)Hose Organizations organizations generationsJoan Walton Collaso30.00VVV55,20000Executive Director0.00VV55,200000Rayzine Collaso30.00VV38,000000Executive AssistantV38,0000000Trustee0.00V0000Megon Washington Hill1.00V0000Trustee0.00V0000Jessica Walton3.00V0000Trustee0.00V0000Trustee0.00V0000Trustee0.00V0000Randell Phillips2.00V000Secretary0.00V000			- divio	stitu	Office	ву е	ghe	brme			
Joan Walton Collaso 30.00 × × 55,200 0			dual	lior	, î	mp	st co	Ψ	1099-NEC)	1099-NEC)	related organizations
Joan Walton Collaso 30.00 × × 55,200 0			r tru	al tr		oyee	pmp				
Joan Walton Collaso 30.00 × × 55,200 0			stee	Uste			ensa				
Executive Director 0.00 ✓ ✓ 55,200 0 </td <td></td> <td></td> <td></td> <td>Å,</td> <td></td> <td></td> <td>ated</td> <td></td> <td></td> <td></td> <td></td>				Å,			ated				
Rayzine Collaso 30.00 v 38,000 0 0 Executive Assistant v 38,000 0 0 0 Dr Diane Damper 2.00 v 0 0 0 0 Trustee v 0 0 0 0 0 0 Megon Washington Hill 1.00 v 0 0 0 0 0 Trustee 0.00 v 0 0 0 0 0 0 Jessica Walton 3.00 v 0 <td< td=""><td>Joan Walton Collaso</td><td>30.00</td><td></td><td></td><td>1</td><td></td><td></td><td></td><td></td><td></td><td></td></td<>	Joan Walton Collaso	30.00			1						
Executive Assistant ✓ 38,000 0 0 Dr Diane Damper 2.00 ✓ 0	Executive Director	0.00				~	~		55,200	0	0
Dr Diane Damper 2.00 ✓ 0 0 0 Trustee ✓ ✓ 0	Rayzine Collaso	30.00									
Trustee ✓ 0 </td <td>Executive Assistant</td> <td></td> <td></td> <td></td> <td></td> <td>~</td> <td></td> <td></td> <td>38,000</td> <td>0</td> <td>0</td>	Executive Assistant					~			38,000	0	0
Megon Washington Hill 1.00 ✓ </td <td>Dr Diane Damper</td> <td>2.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	Dr Diane Damper	2.00									
Trustee 0.00 ✓ 0 0 0 0 Jessica Walton 3.00 3.00 ✓ 0	Trustee		~						0	0	0
Jessica Walton 3.00 ✓ Ø Ø Trustee 0.00 ✓ 0 0 0 Georgette Greenlee 1.00 ✓ 0 0 0 Trustee 0.00 ✓ 0 0 0 Pam Oliver 1.00 ✓ 0 0 0 Trustee 0.00 ✓ 0 0 0 Randell Phillips 2.00 ✓ 0 0 0 Secretary 0.00 ✓ 0 0 0	Megon Washington Hill	1.00									
Trustee 0.00 ✓ 0 0 0 Georgette Greenlee 1.00 ✓ 0 0 0 0 Trustee 0.00 ✓ 0 0 0 0 0 0 Pam Oliver 1.00 ✓ 0 <td>Trustee</td> <td>0.00</td> <td>~</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>	Trustee	0.00	~						0	0	0
Construction Construction<	Jessica Walton	3.00									
Trustee 0.00 ✓ 0 0 0 Pam Oliver 1.00 1.00 ✓ 0 0 0 Trustee 0.00 ✓ 0 0 0 0 Randell Phillips 2.00 ✓ 0 0 0 Secretary 0.00 ✓ 0 0 0 Gertrude Ricks 4.00	Trustee	0.00	~						0	0	0
Pam Oliver 1.00 ✓ 0 0 Trustee 0.00 ✓ 0 0 Randell Phillips 2.00 ✓ 0 0 Secretary 0.00 ✓ 0 0 Gertrude Ricks 4.00 ✓ 0 0	Georgette Greenlee	1.00									
Trustee 0.00 ✓ 0 0 0 Randell Phillips 2.00 ✓ 0	Trustee	0.00	~						0	0	0
Randell Phillips 2.00 V 0 0 Secretary 0.00 V 0 0 0 Gertrude Ricks 4.00 0 0 0 0	Pam Oliver	1.00									
Secretary 0.00 ✓ 0 0 0 Gertrude Ricks 4.00	Trustee	0.00	~						0	0	0
Gertrude Ricks 4.00	Randell Phillips	2.00									
	Secretary	0.00			~				0	0	0
Treasurer 0.00 ✓ 0 0	Gertrude Ricks	4.00									
	Treasurer	0.00			~				0	0	0
			_								
			_								
			-								
			-								
					-						
			-								
											

Part	VII Section A. Officers, Directors,	Frustees,	Key I	Em	ploy	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (c	contir	nued)
					•	C)								
	(A)	(B)	(do n	lot ch		ition more	e than o	one	(D)	(E)			(F)	
	Name and title	Average	· ·			s person is b			Reportable	Reportable		Estima		ount
		hours per week		officer and		lirect		r Ó	compensation from the	compen from re			f other censati	on
		(list any	Indi or c	Inst	Officer	Key	Highest compensated employee	Former	organization (W-2/	organizatio	ns (W-2/	fro	om the	
		hours for related	Individual trustee or director	ituti	cer	Key employee	bloy	mer	1099-MISC/	1099-N			zation	
		organizations	tor la	ona		plo	e or		1099-NEC)	1099-1	NEC)	related o	nyaniza	alions
		below	rust	tru		/ee	npe							
		dotted line)	ee	Institutional trustee			nsat							
							ed							
]											
			1											
			1											
			1											
			1											
1b	Subtotal			·					93,200		0			0
с	Total from continuation sheets to Part	VII, Sectio	n A											
d	Total (add lines 1b and 1c)	-							93,200		0			0
2	Total number of individuals (including							ted		eceived	-	han \$1	00,00	
	reportable compensation from the organi								, 0				,	
	· · · · · -												Yes	No
3	Did the organization list any former	officer, dire	ector.	tru	ste	e, k	kev e	mpl	ovee, or highes	st compe	ensated			
	employee on line 1a? If "Yes," complete											3		~
4	For any individual listed on line 1a, is the							n a	nd other compe	nsation fr	om the	-		•
-	organization and related organizations													
	individual											4		~
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m anv	/ un	related organizat	tion or ind	dividual			•
•	for services rendered to the organization								0			5		~
Secti	on B. Independent Contractors	, -	- 1-						1			U		•
1	Complete this table for your five high	lest comp	ensat	ed	inde	enei	ndent	00	ontractors that r	eceived	more t	han \$1		0 of
•	compensation from the organization. Rep													
			loation				Ionad	,,,,	•				o lax	jouri
	(A) Name and business add	lress							(B) Description of serv	/ices		(C) Compens	ation	
None														
None														
								<u> </u>						

2	Total number of independent contractors (including but not limited to those listed above) who
	received more than \$100,000 of compensation from the organization

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		Offeck if Schedule	0 00		open					
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaig	ns .		1a	0				
un	b	Membership dues			1b	0				
Ξğ	С	Fundraising events			1c	0				
ifts, C ar Am	d	Related organization			1d	0				
nila Gi	е	Government grants			1e	0				
Sin	f	All other contribution								
Contributions, Gifts, Grants, and Other Similar Amounts		and similar amounts no			1f	63,950				
ġ Ę	g	Noncash contributio								
nd nt		lines 1a-1f			1g					
Ωœ	h	Total. Add lines 1a-	-1f.		•		63,950			
~						Business Code				
Program Service Revenue	2a	Christmas Concert				711130	23,152	23,152	0	0
le e	b	Summer Concert				711130	9,757	9,757	0	0
jram Ser Revenue	С	Tee Shirt Sales				711130	110	110	0	0
ran 8ev	d	Merchandise Return	S			711130	485	485	0	0
о <u>д</u>	е	Registration Fees				711130	2,175	2,175	0	0
۲ ۲	f	All other program se					0	0	0	0
	g	Total. Add lines 2a-					35,679			
	3	Investment income								
	_	other similar amoun	-				0	0	0	0
	4	Income from investr			•	•	0	0	0	0
	5	Royalties					0	0	0	0
	•	0		(i) Rea		(ii) Personal				
	6a	Gross rents	6a		0	0				
	b	Less: rental expenses			0	0				
	C	Rental income or (loss)		-)	0	0				
	d			(ii) Other	0	0	0	0		
	7a	Gross amount from sales of assets		(i) Securit	les	(ii) Other				
		other than inventory	7a		0	0				
	h	Less: cost or other basis	/a							
nu	, D	and sales expenses .	7b		0	0				
Revenue	с	Gain or (loss) .	70 7c		0	0				
Re	d	Net gain or (loss)	10		0	0	0	0	0	0
Jer	8a	Gross income from	· ·	ndraising	 		0	0	0	0
Othe	oa	events (not including		nuraisiriy 0						
		of contributions rej		d on line						
		1c). See Part IV, line			8a	2,685				
	b	Less: direct expens			8b	0				
	-	Net income or (loss)				nts	2,685		0	2,685
		Gross income f							_	
		activities. See Part I	IV, lin	e19 .	9a					
	b	Less: direct expens	es.		9b					
	с	Net income or (loss)) from	n gaming ad	tivitie	es				
	10a	Gross sales of ir	nvente	ory, less						
		returns and allowan	ces		10a					
	b	Less: cost of goods	sold		10b					
	С	Net income or (loss)) from	n sales of in	vento	ory				
S						Business Code				
Miscellaneous Revenue	11a									
scellanec Revenue	b									
lle ve	С									
Alis(R	d						0	0	0	0
2	е	Total. Add lines 11a					0			
	12	Total revenue. See	instr	uctions			102,314	35,679	0	2,685
										Eorm 990 (2024)

Part IX Statement of Functional Expenses

fundraising solicitation. Check here [] if

following ŠOP 98-2 (ASC 958-720)

~

0

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0

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0

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0

0

Check if Schedule O contains a response or note to any line in this Part IX **(D)** Fundraising expenses Do not include amounts reported on lines 6b. 7b. (A) Total expenses (B) (C) Program service expenses Management and general expenses 8b, 9b, and 10b of Part VIII. 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 93,200 93,200 0 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . Other salaries and wages 7 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes 0 7,412 7,412 11 Fees for services (nonemployees): Management а Legal b С Accounting 2.066 2,066 0 d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column a (A), amount, list line 11g expenses on Schedule O.) . 12 Advertising and promotion 1.125 1,125 0 13 0 Office expenses 994 994 14 Information technology 15 Royalties Occupancy 16 Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization . 23 Insurance 2,916 2,916 0 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) Payroll Service Fees 1,167 0 а 1,167 Instructors 22,884 22,884 0 b 0 Food and Catering 6,447 6,447 С Costumes 0 d 6.612 6,612 All other expenses е 29,826 29,826 0 25 **Total functional expenses.** Add lines 1 through 24e 174,649 174,649 0 Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Form 990 (2024)

	n 990 (2	-			Page 11
P	art X		4 V		
		Check if Schedule O contains a response or note to any line in this Pa	(A) Beginning of year		••••••∟ (B) End of year
	1	Cash-non-interest-bearing	142,725	1	70,390
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	6	controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	5 6	0
s	7	Notes and loans receivable, net	0	7	0
Assets	8		0	8	0
∆ S6	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a	0	3	
	b	Less: accumulated depreciation	0	10c	
	11	Investments – publicly traded securities	0		0
	12	Investments – other securities. See Part IV, line 11	0		0
	13	Investments – program-related. See Part IV, line 11	0		0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	142,725	16	70,390
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
iab		controlled entity or family member of any of these persons	0		0
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 25	Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X	0	24	0
			0	25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
Fund Balances		Organizations that follow FASB ASC 958, check here \checkmark and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	142,725	27	70,390
B	28	Net assets with donor restrictions	0	28	0
r Fun(Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ĕť	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds .		31	
et /	32	Total net assets or fund balances	142,725	32	70,390
Ž	33	Total liabilities and net assets/fund balances	142,725	33	70,390

Form **990** (2024)

Form 99	0 (2024)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10	2,314
2	Total expenses (must equal Part IX, column (A), line 25)	2			174	4,649
3	Revenue less expenses. Subtract line 2 from line 1	3			-72	2,335
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			142	2,725
5	Net unrealized gains (losses) on investments	5				0
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			70	0,390
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII			· ·		
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other	(nlain				
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	cpiain	on			
•						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		~
	If "Yes," check a box below to indicate whether the financial statements for the year were cor reviewed on a separate basis, consolidated basis, or both.	nplied	or			
	Separate basis Consolidated basis Both consolidated and separate basis			0 1-		
b	Were the organization's financial statements audited by an independent accountant?	 tad a	-	2b		~
	separate basis, consolidated basis, or both.	tea o	na			
	Separate basis Consolidated basis Both Consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for own	areigh	t of			
C	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c		
	If the organization changed either its oversight process or selection process during the tax year, e			20		
	Schedule O.	-piairi				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		~
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a			3b		

Form **990** (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service 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.

Name of the organization

on. Inspection

45-3482850

TIMELESS GIFTS

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part 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 described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - **a Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations $\ . \ . \ . \ .$
 - g Provide the following information about the supported organization(s)

g i rovide the fellowing infermation	about the supp					
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Secti	on A. Public Support			1		1	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
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						
5	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)						
6	Public support. Subtract line 5 from line 4						
Secti	on B. Total Support			•	•	•	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the organization, check this box and stop he	organization'	s first, second	l, third, fourth,	or fifth tax ye		
Secti	on C. Computation of Public Support						
14	Public support percentage for 2024 (line	6, column (f), c	livided by line	11, column (f))		14	%
15	Public support percentage from 2023 Scl					15	%
16a	33 ¹ / ₃ % support test – 2024. If the organ box and stop here. The organization qua						
b	33 ¹ / ₃ % support test—2023. If the organization this box and stop here . The organization	ization did not	check a box c	on line 13 or 16	Sa, and line 15	is 331/3% or m	
17a	10%-facts-and-circumstances test — 2 10% or more, and if the organization m Part VI how the organization meets the organization	eets the facts	-and-circumsta	ances test, ch	eck this box a	and stop here.	Explain in
b	10%-facts-and-circumstances test — 2 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	on meets the fa	acts-and-circu	mstances test,	, check this bo	ox and stop he	re . Explain
18	Private foundation. If the organization instructions						ox 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.)

Secti	on A. Public Support			, [,	
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees		(1) 11-1				.,
	received. (Do not include any "unusual grants.")	96,277	110,242	335,198	268,311	63,950	873,978
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	12,130	26,056	25,135	27,585	38,364	129,270
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
	organization's benefit and either paid						
_	to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	0 108,407	0 136,298	0 360,333	0 295,896	0 102,314	0
0 7a	Amounts included on lines 1, 2, and 3	108,407	130,298	300,333	293,890	102,314	1,003,248
74	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3	0	0	0	0	0	<u> </u>
5	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from						
 ;	line 6.)						1,003,248
-	on B. Total Support	() 0000	(1) 000 (() 0000	(1) 0000	() 000 ((a + · · ·
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9	Amounts from line 6	108,407	136,298	360,333	295,896	102,314	1,003,248
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 on 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	Total support. (Add lines 9, 10c, 11,						
10	and 12.)	108,407	136,298	360,333	295,896	102,314	1,003,248
14	First 5 years. If the Form 990 is for the						
	organization, check this box and stop he	0	•		,		()()
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8					15	100 %
16	Public support percentage from 2023 Sch					16	100 %
	on D. Computation of Investment In		-			1 1	
17	Investment income percentage for 2024 (-		17	0 %
18	Investment income percentage from 2023					18	0 %
19a	33 ¹ / ₃ % support tests - 2024. If the organ						
h	17 is not more than 33 ¹ / ₃ %, check this box 33 ¹ / ₃ % support tests – 2023. If the organiz	-	-	-		-	
b	line 18 is not more than 33 ¹ / ₃ %, check this I						
20	Private foundation. If the organization di	_	-	-			
							(Form 990) 2024

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b 5c

6

7

8

9a

9b

9c

10a

10b

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's

income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- а The organization satisfied the Activities Test. Complete **line 2** below.
- The organization is the parent of each of its supported organizations. *Complete line 3 below.* b
- С The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of а the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Yes No

1

2

1

3

2a

2b

3a

3b

Yes No

Yes No

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			ions A through E.
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	allv i	ntegrated Type III suppo	rting organization

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization 7 (see instructions).

Schedule A (Form 990) 2024

Schedu	le A (Form 990) 2024			Page 7
Part	V Type III Non-Functionally Integrated 509(a)(3	B) Supporting Organi	zations (continued)	
Sect	on D-Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e		1	
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted	
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations 3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	<i>VI</i>) 5	
6	Other distributions (describe in Part VI). See instructions.		6	
7	Total annual distributions. Add lines 1 through 6.		7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive 8	
9	Distributable amount for 2024 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10)
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required — <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2024			
а	From 2019			
b	From 2020			
С	From 2021			
d	From 2022			
е	From 2023			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2024 distributable amount			
i	Carryover from 2019 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2024 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2024 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2025. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2020			
b	Excess from 2021			
С	Excess from 2022			
d	Excess from 2023			
е	Excess from 2024			

Schedule A (Form 990) 2024

Part VISupplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

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 Form 990-EZ.

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information.	Go to v	www.irs.gov/Form9	90 for instructions	s and the latest information.
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Open to Public Inspection

Name of the organization	Employer identification number
TIMELESS GIFTS	45-3482850
Form 990, Part VI, Section A, Line 2 - Th executive director has a family relationship w	ith two members of the board of directors. One
member is her son-in-law and another member is her niece.	
Form 990, Part VI, Section A, Line 8b - There were no committee with authority to act	on the governing body's behalf.
Form 990, Part VI, Section B, Line 11b - Form is distributed and reviewed with board r	nembers at board meeting.
	×
Form 990, Part VI, Section C, Line 19 - These policies are available to the public in a w	ritten document upon request.
	tttt
Form 990, Part IX, Line 24e - Equipment Rental \$4057, Production Crew \$1450, Donati	ons \$1500, Professional musicians and performers
\$4550, Fundraiser \$1625, Gift Cards \$611, venue rental \$8910, Miscellaneous \$149, U-	
Manager \$800, Sound Engineer \$800, Spotlight Operator \$300, Stage Crew \$1650, Pay	
designer \$950.00, Videography \$500	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O, Statement 1			TIMELESS GIFTS		
Form: Form 990 (2024)		EIN: 45-3482850			
Page: 2		Part III, Line 4d			
	Other Program Services Accomplishments				
Activity Code	Description	Expense	Grants	Revenue	
	Overall program operation was accomplished in the calendar year. Other program service expenses are listed on Schedule O	128,442	0	69,405	
Total:		128,442	0	69,405	