

## Forms 990 / 990-EZ Return Summary

For calendar year 2023, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

\*\*-\*\*\*1706

**GIVE N KIND**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>2,405,647</u>
<b>Revenue</b>		
Contributions	<u>13,674,189</u>	
Program service revenue	_____	
Investment income	_____	
Capital gain / loss	_____	
Fundraising / Gaming:		
Gross revenue	<u>56,335</u>	
Direct expenses	<u>14,157</u>	
Net income	<u>42,178</u>	
Other income	<u>194,400</u>	
<b>Total revenue</b>		<u>13,910,767</u>
<b>Expenses</b>		
Program services	<u>13,984,639</u>	
Management and general	<u>27,055</u>	
Fundraising	_____	
<b>Total expenses</b>		<u>14,011,694</u>
<b>Excess / (deficit)</b>		<u>-100,927</u>
Changes		_____
<b>Net Asset / Fund Balance at End of Year</b>		<u>2,304,720</u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>13,924,924</u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u>14,157</u>
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u>13,910,767</u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>14,025,851</u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u>14,157</u>
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u>14,011,694</u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>2,409,103</u>	<u>3,118,231</u>	
Liabilities	<u>3,456</u>	<u>813,511</u>	
Net assets	<u>2,405,647</u>	<u>2,304,720</u>	<u>-100,927</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/24  
 Failure to file penalty \_\_\_\_\_

Form **8879-TE**

**IRS E-file Signature Authorization for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning . . . . ., 2023, and ending . . . . ., 20 . . . . .

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2023**

Department of the Treasury  
Internal Revenue Service  
Name of filer

EIN or SSN  
**\*\* - \*\* \* 1706**

**GIVE N KIND**

Name and title of officer or person subject to tax **KYLE JOHNSON**  
**PRESIDENT**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<b>13,910,767</b>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN  as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_ Date **08/21/24**

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**\*\*\*\*\***  
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **RONALD J AMEN, CPA** Date **08/21/24**

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2023 calendar year, or tax year beginning** , **and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **GIVE N KIND**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1650 LIND LANE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**GURNEE IL 60031**

**D** Employer identification number: **\*\* - \*\*\*1706**

**E** Telephone number

**G** Gross receipts\$ **13,924,924**

**F** Name and address of principal officer:  
**EMILY PETWAY**  
**2472 WATERBURY LANE**  
**BUFFALO GROVE IL 60089**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.GIVENKIND.COM**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2012** **M** State of legal domicile: **IL**

**H(c)** Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	318
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,604,762	13,674,189
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,376	236,578
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,659,138	13,910,767
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,547,125	13,615,483
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	90,553	147,750
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	220,850	248,461
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,858,528	14,011,694
19 Revenue less expenses. Subtract line 18 from line 12	1,800,610	-100,927	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,409,103	3,118,231
	21 Total liabilities (Part X, line 26)	3,456	813,511
	22 Net assets or fund balances. Subtract line 21 from line 20	2,405,647	2,304,720

**Part II Signature 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 Here**  
 Signature of officer: **KYLE JOHNSON** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **RONALD J AMEN, CPA** Preparer's signature: **RONALD J AMEN, CPA** Date: **08/27/24** Check  if PTIN self-employed \*\*\*\*\*  
 Firm's name: **LAUTERBACH & AMEN, LLP** Firm's EIN: **\*\* - \*\*\*3681**  
 Firm's address: **668 N. RIVER RD. NAPERVILLE, IL 60563** Phone no.: **630-416-6900**

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** 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.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **13,984,639** including grants of \$ **13,615,483** ) (Revenue \$ **539,730** )

**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **13,984,639**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		X
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>		X
6	Did the organization maintain any donor 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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
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>		X
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>		X
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>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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>		X
c	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>		X
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>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other IRS requirements.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>3</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, 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? If "Yes," complete Form 6069.	<b>17</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	<b>X</b>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  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.

**CARLA MARANTO-ARNOLD** 1000 ASBURY DRIVE SUITE 5  
**BUFFALO GROVE** IL 60089 847-802-8977



**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 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>EMILY PETWAY</b>	40.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X			62,406	0	0	
(2) <b>CARLA MARANTO-ARNOLD</b>	20.00									
<b>DIRECTOR</b>	0.00			X			32,867	0	0	
(3) <b>ANNE BAILEY</b>	20.00									
<b>PROGRAM MANAGER</b>	0.00			X			25,233	0	0	
(4) <b>JOANNE JOHNSON</b>	5.00									
<b>VICE PRESIDENT</b>	0.00	X		X			0	0	0	
(5) <b>KYLE JOHNSON</b>	2.00									
<b>PRESIDENT</b>	0.00	X		X			0	0	0	
(6) <b>ROBERT KLAWANS</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	
(7) <b>GERALD MICHALSKI</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	
(8) <b>NATALIE MICHAS</b>	2.00									
<b>SECRETARY</b>	0.00	X		X			0	0	0	
(9) <b>CHRIS OLSON</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	
(10) <b>PETER SANTANGELO</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	
(11) <b>CHRIS STILLING</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>PATRICK SWARTZER</b>										
(12) <b>TREASURER</b>	<b>2.00</b> <b>0.00</b>	<b>X</b>		<b>X</b>				<b>0</b>	<b>0</b>	
(13) <b>JOI WASHINGTON</b>										
(13) <b>BOARD MEMBER</b>	<b>5.00</b> <b>0.00</b>	<b>X</b>						<b>0</b>	<b>0</b>	
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>							<b>120,506</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>120,506</b>			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**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 **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	95,375				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	13,578,814				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,418,128				
	<b>h Total.</b> Add lines 1a-1f		<b>13,674,189</b>				
<b>Program Service Revenue</b>	<b>2a</b> .....	Business Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		56,335				
		<b>8b</b>	14,157				
<b>c</b> Net income or (loss) from fundraising events			42,178				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a SALES OF GOODS</b>	Business Code	194,400	194,400			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			194,400			
<b>12 Total revenue.</b> See instructions			<b>13,910,767</b>	<b>194,400</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,615,483	13,615,483		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	147,750	146,948	802	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	50,317	50,003	314	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	97,594	97,594		
<b>17</b> Travel	9,627	9,627		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	48,405	48,405		
<b>23</b> Insurance	16,391		16,391	
<b>24</b> 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.)				
<b>a</b> <b>FACILITIES AND EQUIPMENT</b>	10,050	10,050		
<b>b</b> <b>FEES</b>	8,618	1,795	6,823	
<b>c</b> <b>WASTE</b>	4,640	4,640		
<b>d</b> <b>INTEREST EXPENSE</b>	2,725		2,725	
<b>e</b> All other expenses	94	94		
<b>25</b> Total functional expenses. Add lines 1 through 24e	14,011,694	13,984,639	27,055	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1 Cash—non-interest-bearing	99,717	1	143,176	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from 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		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 923,661			
	b Less: accumulated depreciation	10b 49,272	11,365	10c 874,389	
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		2,298,021	15	2,100,666
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		2,409,103	16	3,118,231	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	1,600	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24	809,532	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		3,456	25	2,379
	26 <b>Total liabilities.</b> Add lines 17 through 25		3,456	26	813,511
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27 Net assets without donor restrictions	2,405,647	27	2,304,720	
	28 Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	2,405,647	32	2,304,720	
33 Total liabilities and net assets/fund balances	2,409,103	33	3,118,231		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>13,910,767</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>14,011,694</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-100,927</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,405,647</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,304,720</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

GIVE N KIND

Employer identification number

\*\*-\*\*\*1706

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 X 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 33 1/3% 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 33 1/3% 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,831	1,474,865	8,294,314	11,604,762	13,674,189	35,069,961
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	21,831	1,474,865	8,294,314	11,604,762	13,674,189	35,069,961
<b>5</b> 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)						2,724,693
<b>6</b> Public support. Subtract line 5 from line 4.						32,345,268

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	21,831	1,474,865	8,294,314	11,604,762	13,674,189	35,069,961
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		4,265				4,265
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2,560	28,470			31,030
<b>11 Total support.</b> Add lines 7 through 10						35,105,256
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	319,184
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	92.14 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>



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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here [ ]

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ]

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS determination, and control.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
  - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - b A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

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.

	Yes	No
1		
2		

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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  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.
  - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- 3 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.
  - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)</b>				
<b>Section D – Distributions</b>				<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes			<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations			<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets			<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)			<b>5</b>
<b>6</b>	Other distributions (describe in Part VI). See instructions.			<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.			<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6			<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount			<b>10</b>
<b>Section E – Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 .....			
<b>b</b>	From 2019 .....			
<b>c</b>	From 2020 .....			
<b>d</b>	From 2021 .....			
<b>e</b>	From 2022 .....			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 .....			
<b>b</b>	Excess from 2020 .....			
<b>c</b>	Excess from 2021 .....			
<b>d</b>	Excess from 2022 .....			
<b>e</b>	Excess from 2023 .....			

**Part VI Supplemental 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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 31,030

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

Employer identification number

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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)( 3 ) (enter number) organization

[ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation

[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOMBAS 881 BROADWAY FL 2 NEW YORK NY 10003-1254	\$ 400,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	DICK'S SPORTING GOODS 70 WORCESTER PROVIDENCE TPKE MILLBURY MA 01527-2663	\$ 450,000	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	ENCHANTED BACKPACK 155 N WACKER DR STE 1680 CHICAGO IL 60606-1774	\$ 408,543	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	GOMACRO 100 GOMACRO WAY VIOLA WI 54664-2310	\$ 2,865,044	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	HANGOBI 14 E 75TH ST. NEW YORK NY 10021	\$ 390,889	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	OUR PLACE 3924 TULLER AVE CULVER CITY CA 90230-4612	\$ 684,628	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization

Employer identification number

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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SO BODY CO. UK TURKEY MILL BUSINESS PARK, MAIDSTONE KENT ME14 5PP	\$ 422,588	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	STATE OF MENOPAUSE 55 WATER STREET 3RD FLOOR BROOKLYN NY 11120	\$ 592,920	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	THE CLOROX COMPANY DHL 702 COMMERCE CENTER DR UNIVERSITY PARK IL 60484	\$ 687,554	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	WALGREENS 200 WILMOT RD DEERFIELD IL 60015	\$ 1,009,658	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	WEAR THE PEACE CLOTHING, INC. 5308 N NORTHWEST HWY CHICAGO IL 60630	\$ 344,696	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	..... ..... .....	\$ 400,000	.....
2	<b>CLOTHING</b> ..... .....	\$ 450,000	.....
3	..... ..... .....	\$ 408,543	.....
4	<b>FOOD</b> ..... .....	\$ 2,865,044	.....
5	..... ..... .....	\$ 390,889	.....
6	..... ..... .....	\$ 684,628	.....

Name of organization

Employer identification number

**GIVE N KIND**

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	..... ..... .....	\$ 422,588	.....
8	..... ..... .....	\$ 592,920	.....
9	..... ..... .....	\$ 687,554	.....
10	..... ..... .....	\$ 1,009,658	.....
11	..... ..... .....	\$ 344,696	.....
.....	..... ..... .....	\$ .....	.....

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ..... %
- b Permanent endowment ..... %
- c Term endowment ..... %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations? .....	3a(i)	
(ii) Related organizations? .....	3a(ii)	

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....		13,494	675	12,819
e Other .....		910,167	48,597	861,570
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>874,389</b>

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) .....		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B)) .....		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>NONCASH ITEMS INVENTORY</b>	<b>2,100,666</b>
(2) .....	
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) .....	<b>2,100,666</b>

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OTHER PAYABLES</b>	<b>2,379</b>
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) .....	<b>2,379</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>13,924,924</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>14,157</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>14,157</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>13,910,767</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>13,910,767</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>14,025,851</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>14,157</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>14,157</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>14,011,694</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>14,011,694</b>

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**DIRECT EVENTS EXPENSE** \$ **14,157**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**DIRECT EVENTS EXPENSE** \$ **14,157**





**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\*1706**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....  
.....

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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
		<u>TRIVIA/GROOVE</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	56,335			56,335
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	56,335			56,335
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,157			14,157
	10 Direct expense summary. Add lines 4 through 9 in column (d)				14,157
11 Net income summary. Subtract line 10 from line 3, column (d)				42,178	

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	<input type="checkbox"/> Yes <input type="checkbox"/> No %	
7 Direct expense summary. Add lines 2 through 5 in column (d)					
8 Net gaming income summary. Subtract line 7 from line 1, column (d)					

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

GIVE N KIND

Employer identification number

\*\*-\*\*\*1706

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include CRADLES TO CRAYONS, BARRINGTON GIVING DAY, HEARTLAND ANIMAL SHELTER, GIGI'S PLAYHOUSE DEERFIELD LLC, NEIGHBORHOOD HEALTH CENTERS OF LV, MUNDELEIN POLICE DEPARTMENT, LAKELAND HILLS FAMILY YMCA, SECOND HARVEST OF THE LEHIGH VALLEY, and COMMUNITY FOOD BANK OF NEW JERSEY.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\* 1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD FAIRLESS HILLS PA 19030	** - *** 9706			8,700			
(2)	HAVEN HOUSE 1411 UNION BOULEVARD ALLEN TOWN PA 18109	** - *** 1559			8,030			
(3)	PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA PA 19148	** - *** 0505			459,810			
(4)	HABITAT FOR HUMANITY OF THE LEHIGH 245 NORTH GRAHAM STREET ALLEN TOWN PA 18109	** - *** 4326			21,202			
(5)	THE ARK 6450 N. CALIFORNIA AVE. CHICAGO IL 60645	** - *** 4967			19,724			
(6)	VALLEY YOUTH HOUSE 3400 HIGH POINT BOULEVARD BETHLEHEM PA 18017	** - *** 8820			6,681			
(7)	HANDS OF HOPE 511 OAK LEAF CT SUITE A JOLIET IL 60436	** - *** 3414			93,350			
(8)	CHICAGO WORKERS COLLABORATIVE 1914 S ASHLAND AVE CHICAGO IL 60608	** - *** 0308			26,646			
(9)	EQUAL HOPE 7211 S. YATES BLVD CHICAGO IL 60649	** - *** 4895			28,671			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\*1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SISTERS WORKING IT OUT, NFP 21114 VIVIANNE DR. MATTESON IL 60443	** - ***2273			151,453			
(2)	LIFEPATH FOUNDATION 3500 HIGH POINT BOULEVARD BETHLEHEM PA 18017	** - ***6424			5,520			
(3)	CHICAGO URBAN MINISTRIES AND LIFE I 2506 GREENWOOD AVE WILMETTE IL 60091	** - ***5838			38,198			
(4)	HOME FUR GOOD 10220 NORTH 32ND STREET PHOENIX AZ 85028	** - ***1954			15,440			
(5)	BERNIE'S BOOK BANK 917 NORTH SHORE DRIVE LAKE BLUFF IL 60044	** - ***4453			57,312			
(6)	OUTREACH CHICAGO 6002 S HALSTED ST. CHICAGO IL 60621	** - ***4089			37,689			
(7)	INTERCESSORY PRAYER MINISTRIES INC 3244 GILEAD AVENUE ZION IL 60099	** - ***0525			9,304			
(8)	KEEPING FAMILIES COVERED 3250-B N. OAK GROVE AVE. WAUKEGAN IL 60087	** - ***4770			14,429			
(9)	LIFE QUILT FOUNDATION 1515 S PRAIRIE AVE UNIT 1106 CHICAGO IL 60605-3026	** - ***1437			13,123			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\* 1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MY JOYFUL HEART 9981 W. 190TH ST. MOKENA IL 60448	** - *** 8912			246,127			
(2)	HOPEFUL BEGINNINGS OF ST MARY'S 521 NORTH MAIN STREET MOUNT PROSPECT IL 60056	** - *** 7889			15,652			
(3)	FAMILY FOCUS 310 S. PEORIA ST., SUITE 301 CHICAGO IL 60607	** - *** 6998			12,917			
(4)	THE SALVATION ARMY 850 S. GREEN BAY ROAD WAUKEGAN IL 60031	** - *** 7910			25,826			
(5)	UNITED WAY OF LAKE COUNTY 549 EAST GLENCOE STREET PALATINE IL 60074	** - *** 7949			14,723			
(6)	MARYVILLE ACADEMY 1150 NORTH RIVER ROAD DES PLAINES IL 60016	** - *** 0873			20,730			
(7)	KIDS ABOVE ALL 8765 W HIGGINS RD, STE 450 CHICAGO IL 60631	** - *** 1716			6,233			
(8)	YWCA METROPOLITAN CHICAGO 2407 N ORCHARD LANE ROUND LAKE BEACH IL 60073	** - *** 9765			141,911			
(9)	YMCA METRO CHICAGO 32405 N US HIGHWAY 12 VOLO IL 60041-9312	** - *** 9782			18,736			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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Name of the organization

GIVE N KIND

Employer identification number

\*\*-\*\*\*1706

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include ROSALIND FRANKLIN UNIVERSITY, AMITY LEARNING CENTER, LUTHERAN CHURCH CHARITIES, HOLY TRINITY CHURCH, DEERFIELDFREESTORE, FIRST PRESBYTERIAN CHURCH, DEERFIELD MONTESSOR SCHOOL, NICASA- ARCH, and COLLEGE OF LAKE COUNTY.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\*1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NOURISHING HOPE 1716 W HUBBARD ST. CHICAGO IL 60622	** - ***4184			8,231			
(2)	ORCHARD VILLAGE 7660 GROSS POINT RD SKOKIE IL 60077	** - ***3481			44,140			
(3)	FRANCISCAN OUTREACH 10 S KEDZIE RM 129 CHICAGO IL 60612	** - ***8835			11,959			
(4)	WHEATON CHRISTIAN CENTER CHURCH 161 S. LINCOLNWAY ST. NORTH AURORA IL 60542	** - ***0829			7,018			
(5)	CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO IL 60632	** - ***1864			1,789,497			
(6)	PTA EQUITY PROJECT 937 RIDGE AVE EVANSTON IL 60202	** - ***4011			6,830			
(7)	CHINESE MUTUAL AID ASSOCIATION 1016 W ARGYLE STREET, CHICAGO IL 60645	** - ***9799			119,677			
(8)	SPECIAL LEISURE SERVICES FOUNDATION 3000 W. CENTRAL, SUITE 205 ROLLING MEADOWS IL 60008	** - ***5710			8,862			
(9)	THE NIGHT MINISTRY 1735 N. ASHLAND AVE. CHICAGO IL 60622	** - ***5764			13,660			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table .....
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Schedule I (Form 990) 2023

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

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Open to Public Inspection

Department of the Treasury Internal Revenue Service

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- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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(1)	KILMER PTO 704 DRAE COURT WHEELING IL 60090	** - ***2846			5,978			
(2)	CASA ESPERANZA PROJECT 8801 S SAGINAW AVENUE CHICAGO, IL CHICAGO IL 60617	6 ** - ***9531			52,007			
(3)	THE CHAPEL PALATINE PANTRY 1200 AMERICAN WAY LIBERTYVILLE IL 60048	** - ***3071			23,427			
(4)	BARRINGTON ROTARY 291 NORTH SHORELINE ROAD LAKE BARRINGTON IL 60010	** - ***9261			11,319			
(5)	PLATO ACADEMY 923 HASTINGS STREET PARK RIDGE IL 60068	** - ***6600			26,018			
(6)	GREAT LAKES ADAPTIVE SPORTS ASSOCIA 27864 IRMA LEE CIRCLE LAKE FOREST IL 60045	** - ***5965			13,219			
(7)	BROWN BEAR DAYCARE AND LEARNING CEN 21007 MCGUIRE ROAD HARVARD IL 60033	** - ***5259			18,243			
(8)	MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN ST ROUND LAKE PARK IL 60073	** - ***8084			100,302			
(9)	HAWTHORN DISTRICT 73 841 WEST END COURT VERNON HILLS IL 60061	** - ***4867			22,005			

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Schedule I (Form 990) 2023

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(1)	ST. JAMES 5 CAMBRIDGE CT BUFFALO GROVE IL 60089	** - *** 8372			29,071			
(2)	THE REVA & DAVID LOGAN FOUNDATION 4751 N SHERIDAN RD CHICAGO IL 60640	** - *** 9439			21,239			
(3)	VOICE OF THE PEOPLE 4611 N. SHERIDAN RD. CHICAGO IL 60640	** - *** 1099			5,724			
(4)	ILLINOIS JAYCEE CHARITABLE FOUNDATI 1576 BURNING BUSH LN HOFFMAN ESTATES IL 60192	** - *** 2894			12,119			
(5)	ROSE OF SHARON MB CHURCH 25933 W STEEPLEBUSH LN ROUND LAKE IL 60073	** - *** 1488			13,122			
(6)	VERNON TOWNSHIP FOOD PANTRY 3050 N. MAIN ST. BUFFALO GROVE IL 60089	** - *** 1039			17,984			
(7)	PALATINE TOWNSHIP SENIOR CENTER 1185 HASSELL ROAD HOFFMAN ESTATES IL 60169	** - *** 1764			8,953			
(8)	HOPE LUTHERAN CHURCH OF LONG GROVE 1660 CHECKER RD. LONG GROVE IL 60047	** - *** 8278			5,619			
(9)	IMMANUEL LUTHERAN CHURCH 855 LEE STREET DES PLAINES IL 60016	** - *** 8188			58,085			

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Schedule I (Form 990) 2023

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(1)	BELKNAP MINISTRIES, INC. DBA INSPIR 2019 NORTH MASTERS DRIVE DALLAS TX 75217	** - *** 0447			1,007,036			
(2)	ABUNDANT BLESSINGS CHURCH 1013 CHARLELA LN ELK GROVE VILLAGE IL 60007	** - *** 8880			24,690			
(3)	KOURTNEYS KINDNESS SERVING WITH PUR 7351 S. FRANCISCO AVE CHICAGO IL 60629	** - *** 9448			9,151			
(4)	SECOND CITY CANINE RESCUE 303 EDEN COURT ROSELLE IL 60172	** - *** 6498			11,241			
(5)	BETTER SISTER AND BROTHER GROWTH 29 WEST 159TH STREET HARVEY IL 60426	** - *** 0580			16,188			
(6)	BALANCE BOXES 1399 LINDEN AVE DEERFIELD IL 60015	** - *** 2846			20,527			
(7)	TOWNSHIP OF SCHAUMBURG FOOD PANTRY 1 ILLINOIS BLVD HOFFMAN ESTATES IL 60169	** - *** 4727			101,127			
(8)	KALEIDOSCOPE SCHOOL OF FINE ART 316 W. MAIN STREET BARRINGTON IL 60010	** - *** 7721			5,820			
(9)	CULINARY FIGHT CLUB, INC 1005 W NORTH AVE LAKE BLUFF IL 60044	** - *** 3962			77,971			

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(1)	DREAMCHASERS UNITED NFP 2921 SOUTH MICHIGAN AVENUE CHICAGO IL 60616	** - *** 0198			36,455			
(2)	ROBERTI COMMUNITY HOUSE, PO BOX 65 LAKE FOREST IL 60045	** - *** 8102			29,718			
(3)	SOARING EAGLE COMMUNITY DEVELOPMENT 1501 HERVEY AVE. UNIT C NORTH CHICAGO IL 60064	** - *** 9776			145,843			
(4)	THE COMMUNITY WORKS 141 S. GENESEE STREET, SUITE 141A WAUKEGAN IL 60085	** - *** 8636			9,391			
(5)	FILL A HEART 4 KIDS 1 MARKET SQUARE COURT LAKE FOREST IL 60045	** - *** 2522			131,472			
(6)	FAMILY PROMISE OF LEHIGH VALLEY 1346 HAMILTON ST ALLENTOWN PA 18102	** - *** 1737			6,195			
(7)	BOUNCE CHILDREN'S FOUNDATION 255 BIRCHWOOD AVE DEERFIELD IL 60015	** - *** 5431			21,898			
(8)	CREATIVE CHICAGO REUSE EXCHANGE 2124 W. 82ND PLACE CHICAGO IL 60620	** - *** 9301			11,915			
(9)	D300 FOOD PANTRY P.O. BOX 879 CARPENTERSVILLE IL 60110	** - *** 0004			20,091			

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(1)	ST. AGATHA CATHOLIC CHURCH 3147 WEST DOUGLAS BOULEVARD CHICAGO IL 60623	** - *** 6617			28,740			
(2)	ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DRIVE ATLANTA GA 30344-5719	** - *** 6648			7,416			
(3)	TOLLESON FOOD BANK 10 SOUTH 93RD AVENUE TOLLESON AZ 85353	** - *** 0272			235,984			
(4)	HUMANE SOCIETY OF NORTH TEXAS 1840 EAST LANCASTER AVENUE FORT WORTH TX 76103	** - *** 5911			8,677			
(5)	HES A WONDER MUSIC MINISTRIES OF 9254 S MERRILL AVE CHICAGO IL 60617	AP ** - *** 0537			179,631			
(6)	FELLOWSHIP BIBLE CHURCH/ BETSY BURN 25547 S. TEHLE RD. ELWOOD IL 60421	** - *** 5314			7,268			
(7)	LEND A HAND 2338 WEST MORSE AVENUE CHICAGO IL 60645	** - *** 8676			7,884			
(8)	FAMILIES HELPING FAMILIES CHICAGO LA 4960 PRAIRIE OAK RD, NONE, NONE, NO GURNEE IL 60031	** - *** 8108			5,277			
(9)	RESCUE PACK 1306 W. NORTHWEST HIGHWAY PALATINE IL 60067	** - *** 8093			301,629			

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(1)	WHEELING HELPING HANDS 121 MOCKINGBIRD LN WHEELING IL 60090	** - *** 2786			16,729			
(2)	MOTHERS AGAINST SENSELESS KILLINGS 5044 S MICHIGAN AVE CHICAGO IL 60615-2127	** - *** 9025			16,218			
(3)	A GREATER GOOD FOUNDATION 5639 SOUTH KENWOOD AVENUE CHICAGO IL 60637	** - *** 7510			8,200			
(4)	ANTIOCH TRAVELING CLOSET 624 PONDVIEW DRIVE ANTIOCH IL 60002	** - *** 3851			58,555			
(5)	STREET SAMARITANS INC 801 SOUTH FINANCIAL PLACE CHICAGO IL 60605	** - *** 2622			10,798			
(6)	BETHANY HOUSE OF HOSPITALITY 7430 NORTH RIDGE BOULEVARD CHICAGO IL 60645	** - *** 5858			41,595			
(7)	NELLIE WATSON-COOPER FOUNDATION 7232 S. DAMEN CHICAGO IL 60636	** - *** 0005			6,224			
(8)	CAFE FREEDOM 2112 TUSCANY RIDGE CT. MARYVILLE IL 62062-0019	** - *** 2196			132,171			
(9)	LUNCH BOX OF LOVE 1223 CORPORATE DRIVE EAST ARLINGTON TX 76006	** - *** 7376			92,713			

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(1)	CITY OF REFUGE CHICAGO 1421 SOUTH BARRINGTON ROAD BARRINGTON IL 60010	** - ***4041			5,850			
(2)	GRATITUDE GENERATION 815 ROSEMARY TERRACE DEERFIELD IL 60015	** - ***9004			61,442			
(3)	GRANDPARENTS AND KIN RAISING CHILDR 11761 W 11TH ST ZION IL 60099-1355	** - ***2523			15,585			
(4)	CLARK COUNTY SCHOOL DISTRICT 4212 EUCALYPTUS AVENUE LAS VEGAS NV 89121	** - ***0733			88,910			
(5)	VIATOR HOUSE OF HOSPITALITY 1150 N RIVER RD DES PLAINES IL 60016	** - ***4521			7,662			
(6)	CHICAGO REFUGEE COALITION 303 EAST WACKER DRIVE CHICAGO IL 60601	** - ***7387			144,028			
(7)	BENSENVILLE WOOD DALE FOOD PANTRY 192 S CENTER ST BENSENVILLE IL 60106	** - ***1619			107,978			
(8)	CHICAGO UNITED SOLIDARITY PROJECT/M 4922 N. KOSTNER AVE CHICAGO IL 60630	** - ***9731			25,096			
(9)	HELPING HEARTS FOR ANIMALS FOUNDATI 307 E CHERRY COVE LN ROUND LAKE IL 60073-4809	** - ***3602			64,221			

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(1)	I'VE BEEN MENDED INC. 1991 TILSON LN ROMEDEVILLE IL 60446	** - *** 6143			37,815			
(2)	FRIENDS OF THE HIGHWOOD PUBLIC LIBR 102 HIGHWOOD AVE HIGHWOOD IL 60040	** - *** 9594			12,062			
(3)	TASTE FOR THE HOMELESS 14509 LASALLE ST. RIVERDALE IL 60829	** - *** 1513			249,637			
(4)	CITY MOTIVATORS CORPORATION 503 E. 61ST. STREET CHICAGO IL 60637	** - *** 9851			67,501			
(5)	IN HIS HANDS RESOURCE CENTER INC 1200 RING. RD CALUMET CITY IL 60409	** - *** 8311			278,007			
(6)	COMMON GROUND COMMUNITY RESCUE NETW 312 CONGDON AVENUE ELGIN IL 60120	** - *** 1082			57,098			
(7)	SUPPORT OVER STIGMA, INC 1520 S. 7TH AVENUE ST CHARLES IL 60174-4332	** - *** 0096			432,994			
(8)	BLACK MEN UNITED 4255 W DIVISION CHICAGO IL 60651	** - *** 0761			2,067,696			
(9)	SALT: SERVICE AND LEARNING TOGETHER 1215 NORTH AVENUE HIGHLAND PARK IL 60035	** - *** 0571			89,933			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\*1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BABY BIBS AND BOTTLES - WE ARE THE 9631 S CICERO AVE STE 1184 OAK LAWN IL 60453	** - ***5462			54,910			
(2)	GUIDING LIGHT OF HOPE INC 5430 W. 23RD PLACE CICERO IL 60804	** - ***5709			8,716			
(3)	THE GRACE NETWORK 2005 PRAIRIE STREET GLENVIEW IL 60025	** - ***6758			18,412			
(4)	SWEET AND THRIFTY2 18667 DIXIE HIGHWAY HOMEWOOD IL 60430	** - ***7859			27,641			
(5)	HELP FROM USA TO BIH 9269 COURTLAND DRIVE NILES IL 60714	** - ***6540			166,127			
(6)	THE RENO-SPARKS GOSPEL MISSION, INC 2115 TIMBER WAY RENO NV 89512	** - ***5643			29,792			
(7)	KABOD HOUSE INTERNATIONAL 861 RIDGE ROAD HOMEWOOD IL 60430	** - ***5227			75,327			
(8)	VALLEY COMMUNITY PANTRY 191 S COLUMBIA STREET HEMET CA 92544-6111	** - ***1187			212,018			
(9)	IEMPOWER 346 E LAKE PARK AVENUE ROUND LAKE BEACH IL 60073	** - ***4328			20,679			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

GIVE N KIND

Employer identification number

\*\* - \*\*\* 1706

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes entries for FOOD BANK OF NORTHERN NEVADA and CHILDREN'S HUNGER FUND.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

**GIVE N KIND**

**\*\* - \*\*\*1706**

<b>Part I</b>		<b>Types of Property</b>			
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts	
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods	<b>X</b>	<b>2,465,996</b>		
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded				
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory	<b>X</b>	<b>1</b>	<b>4,724,917</b>	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( <b>OTHER SUPPLIES</b> )	<b>X</b>	<b>1</b>	<b>6,227,215</b>	
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		



**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public Inspection**

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\*1706**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

GIVENKIND SOURCES AND EFFICIENTLY REDISTRIBUTES EXCESS GOODS IN THE ECONOMY TO LOCAL NONPROFIT ORGANIZATIONS TO FILL NEEDS IN OUR COMMUNITY. NONPROFITS RECEIVE NEEDED ITEMS THAT SUPPORT THEIR PROGRAMS AND DIVERTING QUALITY GOODS AWAY FROM LANDFILLS REDUCES THE ENVIRONMENTAL IMPACT ON ALL OF US. USABLE GOODS DON'T BELONG IN LANDFILLS, ESPECIALLY WHEN THOSE GOODS FILL A NEED IN OUR COMMUNITY.

**FORM 990 - ORGANIZATION'S MISSION**

GIVENKIND SOURCES AND EFFICIENTLY REDISTRIBUTES EXCESS GOODS IN THE ECONOMY TO LOCAL NONPROFIT ORGANIZATIONS TO FILL NEEDS IN OUR COMMUNITY. NONPROFITS RECEIVE NEEDED ITEMS THAT SUPPORT THEIR PROGRAMS AND DIVERTING QUALITY GOODS AWAY FROM LANDFILLS REDUCES THE ENVIRONMENTAL IMPACT ON ALL OF US. USABLE GOODS DON'T BELONG IN LANDFILLS, ESPECIALLY WHEN THOSE GOODS FILL A NEED IN OUR COMMUNITY.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

GIVENKIND'S MISSION IS TO IMPROVE LIVES AND PROTECT THE ENVIRONMENT BY SUSTAINABLY MANAGING EXCESS RESOURCES IN THE ECONOMY. IN 2023, GIVENKIND DISTRIBUTED OVER \$14 MILLION IN SURPLUS PRODUCTS TO 211 CHARITABLE NONPROFITS FOR THEIR CLIENTS AND PROGRAMS AND KEPT THOUSANDS OF POUNDS OF GOODS FROM BEING DISPOSED OF IN LANDFILLS. OUR NONPROFIT PARTNERS PROVIDE VITAL SERVICES TO THE COMMUNITY INCLUDING EDUCATION AND TRAINING PROGRAMS, CHILD CARE, COUNSELING, HEALTH SERVICES, SUPPORT FOR THE UNHOUSED AND FOOD INSECURE, ART AND CULTURE PROGRAMS, ANIMAL WELFARE, AND MORE. WE ARE PROUD



Name of the organization

Employer identification number

GIVE N KIND

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TO SERVE AS A NONPROFIT FOR NONPROFITS, SUPPORTING THEIR MISSIONS AND STRENGTHENING THE DIRECT SERVICE ORGANIZATIONS IN OUR COMMUNITY. ADDITIONALLY, WE SERVE AS A RESOURCE TO COMPANIES WHO SEEK AN ECONOMICALLY AND SOCIALLY SUSTAINABLE SOLUTION FOR THEIR EXCESS PRODUCTS BY DONATING TO NONPROFITS. TO SUPPORT OUR PROGRAM EXPANSION, IN 2023, GIVENKIND RELOCATED TO A LARGER FACILITY IN BUFFALO GROVE, IL, AND BEGAN AN AREA DELIVERY AND RESOURCE RESCUE PROGRAM.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 WE PROVIDE THE COPY OF THE 990 ALONG WITH STATE FILINGS FOR REVIEW BEFORE WE FILE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT EVENTS EXPENSE	\$ 14,157
DIRECT EVENTS EXPENSE	\$ -14,157

Form **990****Two Year Comparison Report****2022 & 2023**

For calendar year 2023, or tax year beginning , ending

Name

Taxpayer Identification Number

**GIVE N KIND****\*\* - \*\*\*1706**

		2022	2023	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	1. 11,568,987	13,578,814	2,009,827
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. 35,775	95,375	59,600
	4. Program service revenue .....	4.		
	5. Investment income .....	5.		
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7.		
	8. Net income or (loss) from fundraising events .....	8. 33,939	42,178	8,239
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10.		
	11. Other revenue .....	11. 20,437	194,400	173,963
	12. <b>Total revenue.</b> Add lines 1 through 11	12. 11,659,138	13,910,767	2,251,629
<b>Expenses</b>	13. Grants and similar amounts paid .....	13. 9,547,125	13,615,483	4,068,358
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15.		
	16. Salaries, other compensation, and employee benefits .....	16. 90,553	147,750	57,197
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18.		
	19. Occupancy, rent, utilities, and maintenance .....	19. 50,433	97,594	47,161
	20. Depreciation and Depletion .....	20. 2,561	48,405	45,844
	21. Other expenses .....	21. 167,856	102,462	-65,394
	22. <b>Total expenses.</b> Add lines 13 through 21	22. 9,858,528	14,011,694	4,153,166
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	23. 1,800,610	-100,927	-1,901,537
<b>Other Information</b>	24. Total exempt revenue .....	24. 11,659,138	13,910,767	2,251,629
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. 20,437	194,400	173,963
	27. Total assets .....	27. 2,409,103	3,118,231	709,128
	28. Total liabilities .....	28. 3,456	813,511	810,055
	29. Retained earnings .....	29. 2,405,647	2,304,720	-100,927
	30. Number of voting members of governing body .....	30. 7	8	
	31. Number of independent voting members of governing body .....	31. 7	8	
	32. Number of employees .....	32. 3	3	
	33. Number of volunteers .....	33. 245	318	

Form <b>990</b>	<b>Tax Return History</b>	<b>2023</b>
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Name <b>GIVE N KIND</b>	Employer Identification Number <b>** - ***1706</b>
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	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants .....				<b>11,604,762</b>	<b>13,674,189</b>	
Membership dues .....						
Program service revenue .....						
Capital gain or loss .....						
Investment income .....						
Fundraising revenue (income/loss) .....				<b>33,939</b>	<b>42,178</b>	
Gaming revenue (income/loss) .....						
Other revenue .....				<b>20,437</b>	<b>194,400</b>	
<b>Total revenue</b> .....				<b>11,659,138</b>	<b>13,910,767</b>	
Grants and similar amounts paid .....				<b>9,547,125</b>	<b>13,615,483</b>	
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....				<b>90,553</b>	<b>147,750</b>	
Professional fees .....						
Occupancy costs .....				<b>50,433</b>	<b>97,594</b>	
Depreciation and depletion .....				<b>2,561</b>	<b>48,405</b>	
Other expenses .....				<b>167,856</b>	<b>102,462</b>	
<b>Total expenses</b> .....				<b>9,858,528</b>	<b>14,011,694</b>	
<b>Excess or (Deficit)</b> .....				<b>1,800,610</b>	<b>-100,927</b>	
<b>Total exempt revenue</b> .....				<b>11,659,138</b>	<b>13,910,767</b>	
Total unrelated revenue .....						
Total excludable revenue .....				<b>20,437</b>	<b>194,400</b>	
Total Assets .....				<b>2,409,103</b>	<b>3,118,231</b>	
Total Liabilities .....				<b>3,456</b>	<b>813,511</b>	
Net Fund Balances .....				<b>2,405,647</b>	<b>2,304,720</b>	

GIVNK GIVE N KIND

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FYE: 12/31/2023

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
MISCELLANEOUS	\$ 94	\$ 94	\$	\$
TOTAL	\$ 94	\$ 94	\$ 0	\$ 0

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
GRANTS	\$ 95,375
CLOTHING	2,465,996
CONTRIBUTIONS	160,686
FOOD	4,724,917
OTHER SUPPLIES	6,227,215
TOTAL	\$ 13,674,189

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## Federal Statements

FYE: 12/31/2023

### Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
VERNON TOWNSHIP	\$ 20,900	\$
LAKE COUNTY COUUMNITY FOUNDATION	48,000	
SHARON KARSTEN	40,000	
MI JIN AND ROGER LIU	25,000	
ANDREW FELDMAN	20,000	
CORPORATE IMAGING CONCEPTS	5,099	
KIMBERLY-CLARK	5,220	
FARIN'UP USA, LLC	5,241	
NUTRAORGANICS PTY LTD	10,530	
THE BRAND PANTRY	5,759	
YESBYHAND	5,950	
HIPSTREET	6,258	
THE NORA PROJECT	6,518	
GOLD MEDAL IDEAS	6,520	
PEREZ LEGAL GROUP	6,930	
HIGH ROLLER GAMES	7,838	
BAGNET	8,000	
BEADLE & GRIMM'S	8,250	
CASPER	8,431	
THRASIO	8,480	
CITY MOTIVATORS CORPORATION	8,491	
KHODIAK	8,699	
PACE & PATTERN	8,730	
TASTE SALUD	8,877	
NASTY FIT	9,186	
SOAPBOX SOAP	9,398	
MINICART, INC	9,545	
FLOSTATE LLC	9,840	
RANDA	10,000	
KOKO FOODS INC.	10,215	
MINICART, INC	10,280	
ROBIN THE WOOD	10,409	
TOP HITS	10,450	
VILUTIS	10,725	
BRYANT LOGISTICS. INC	11,025	
KENZIE BURKE LIFE	11,650	
MODERNE PRINCIPALS LLC	12,148	
OMEKWA ORGANICS	12,188	
VILLA COTTON CORP.	12,200	
WE ARE FLUID	12,292	
EVERY MAN JACK	29,940	
BANZA	14,334	
QUILL	14,706	
ARTFULLY DELIVERED	14,804	
CASTLE OUTDOOR	14,940	
KENNEDY HOLDINGS	15,147	
RIVENDELL GARDEN LLC	15,800	
THE BGANG	16,113	
PURELY ELIZABETH	16,518	
FLOCK FLOODS	16,800	
MACROMOTION	17,064	
HEATJAC, LLC	18,180	
LETO SUMMER	18,198	
WALGREENS	19,236	

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## Federal Statements

FYE: 12/31/2023

### Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
CLEAN ENERGY	\$ 20,160	\$
BLOOM NUTRITION LLC	20,889	
PARTNERS FOR PROGRESS NFP	21,326	
WUFERS	21,367	
MERLIN BLUE	21,688	
MASK	22,149	
PEGGS FOOD CO		
CPDI	23,186	
BEAVER.CO LLC	23,212	
COLDCLUTCH	23,270	
LITTLE CROWNS NYC	23,800	
ARDESTIA, INC	23,920	
NATURAISLE	24,382	
BLISTEX	25,810	
WILSON	26,221	
NARIYALA NATURALS	26,562	
THE MORAL BRAND	27,087	
REECOMMERCE LLC	27,874	
ONE DROP	29,410	
BE POSTURE PERFECT	29,420	
NOVO	29,610	
REFUEL SUPPLEMENTS	30,270	
NUPASTA	31,348	
URBAN THERAPY LLC	31,904	
GUSI & LEBEDI AUSTRALIA PTY	32,294	
UNITY COLLAB	33,600	
EARTH TO KIDS DBA CHICKAPEA	34,316	
PAINFIX LLC	35,131	
CAMPANELLI PRODUCTS	37,112	
TOESTEES	39,828	
ATFLEEUS	39,880	
ETTA MAISON LLC	40,733	
PINK LAPIS INC	40,880	
ROLAND BERGER LP	44,352	
FIRST CLASS STORE LTD	44,405	
BBCO HEADWEAR	45,540	
LIFETIME EVENTS	48,000	
HABITAT FOR HUMANITY	49,038	
MY NECK CLOUD	50,815	
HAN WEN STUDIO	54,555	
BUFFBUNNY COLLECTION	54,716	
HIVE ENDEAVORS, LLC	59,860	
BLUECHIP RENTAL LLC	62,739	
GLOBAL SHOPPER BRANDS	64,538	
WELLY	70,776	
GROUPE KANDY INC	73,747	
DAVINES NORTH AMERICA	75,150	
CUSTOM MASK COMPANY	76,350	
GRACE COFFEE	79,758	
TARE LUXE COLLECTION	100,350	
COURAGE CREATOR INC	102,368	
APOLLO USA	104,738	
TINY SPROUTS FOODS INC	117,988	
LOFTUS AND EISENBERG	121,200	

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## Federal Statements

FYE: 12/31/2023

Schedule A, Part II, Line 5 - Excess Gifts (continued)

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JUNGALOW CO	\$ 121,252	\$
NUVOMED	122,400	
ST SOLEIL	126,000	
MICHAEL LEWIS COMPANY	126,840	
UNILEVER	130,234	
KAPOWDER PYT LTD	147,816	
SEARCH INC	164,810	
NETZERO COMPANY	171,697	
DHL SUPPLY CHAIN	181,640	
PROTOCOL LAB LLC	185,664	
CHICAGO FURNITURE BANK	248,028	
NYXL	258,583	
BEKINA INC	262,965	
JANET LAWLESS, INC	271,797	
REBEL GIRLS	319,788	
JANET LAWLESS CHRIST	327,999	
HIGHER FREQUENCIES BEAUTY & WELLNESS	363,190	
ROO SOCKS	366,793	
SHIPBOB, INC	406,537	
PLATO WEB DESIGN, INC	580,502	
LEON KOROL CO	672,016	
BENCO DENTAL	804,491	102,386
SURPLUS GIANT	853,920	151,815
THE KARA FOUNDATION	20,000	
BALLIS FAMILY CHARITABLE FOUNDATION	10,000	
JOANNE JOHNSON	25,000	
ROBERT KLAWANS	37,500	
CHRIS OLSON	10,263	
STATE OF ILLINOIS	50,000	
AMARE SUI LC	6,120	
ATAR GOLD LLC	78,673	
BEANWORTHY, LLC	9,525	
BENCO DENTAL	33,925	
BERNIE'S BOOK BANK	149,136	
BICYCLEADDICTED	13,873	
BJORN & MALIN LLC	6,829	
BOB'S RED MILL	27,768	
BOMBAS	400,000	
BOSSA BARS LLC	5,811	
BUFFBUNNY COLLECTION	78,252	
CHAKALAKA BRANDS	19,691	
CLEANER CLOTHING	183,532	
COHESITY	12,204	
CORRECTIVE METHOD	14,711	
CREATD VENTURES	194,307	
DAGOLA INC.	6,487	
DEATH WISH COFFEE COMPANY	19,364	
DEREK STROH	29,656	
DESESH LLC	15,404	
DESIGNING SOLUTIONS LLC	41,443	
DIANELLA HAIR	40,901	
DICK'S SPORTING GOODS	450,000	
DIMENSION BOARD GAMES	15,036	
ENAZ	38,000	

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## Federal Statements

FYE: 12/31/2023

**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

Donor Name	Total	Excess
ENCHANTED BACKPACK	\$ 408,543	\$
ENGAGE TECHNOLOGIES GROUP, INC.	42,341	
ESXL LLC DBA NYXL	14,297	
FABELEGANTE LLC	5,526	
FABHUB	66,357	
FAMILY FOODS	16,124	
FARIN'UP USA LLC	11,495	
FOLIO BRANDS LLC	19,578	
FORBIDDEN FOODS US LLC	5,875	
FRANKLI	45,458	
GENERAL INTELLIGENCE INC	7,714	
GLADE OPTICS	7,560	
GOLDEN ROAD TRADING	93,618	
GOMACRO	2,865,044	2,162,939
GREENER GOOD	14,000	
HALCAN INC	10,160	
HAN WEN STUDIO INC	49,000	
HANGOBI	390,889	
IRL DIGITAL/SPACEPANTS ONLINE INC	7,990	
KAILAV BEAUTY	97,236	
KATE MACKZ	8,700	
LEON KOROL COMPANY	114,713	
LEV BRANDS	193,212	
LEZGO LIMITED	60,319	
LIFTOFF	44,115	
LIVE INSPIRED	34,730	
LLAP HEALTH INC	9,564	
LUMIERE	11,551	
LUMIN SKIN CARE	15,333	
MANANALU LLC	12,586	
MICHAEL PEGGS LLC	31,238	
MILLIE MOON	66,658	
MISFITS HEALTH	19,620	
MNML	34,650	
NATURE AISLE	7,723	
NORTHERN ILLINOIS FOOD BANK	56,701	
NUPASTA	14,872	
OAKLAND COFFEE	14,297	
OBLIQUE SHOES CORPORATION	42,630	
OFF THE CLOCK LOOK	38,380	
ONE DROP	40,702	
OPERATION WARM INC.	9,840	
OPTIMEAL	192,687	
ORCHID VALLEY CREATIONS	25,063	
ORIGINS ANALYTICS, INC.	12,204	
OUR PLACE	684,628	
PEACEMAKER PROJECT 703	7,375	
PEEKABOO SHOP LLC	10,000	
PET FACTORY LLC	49,960	
PETLAB CO.	37,760	
PETREY INDUSTRIES LLC	7,703	
POLSKY HOLDINGS	19,215	
PURELY ELIZABETH	43,802	
QUADRANT	6,175	



GIVNK GIVE N KIND

\*\*-\*\*\*1706

## Federal Statements

FYE: 12/31/2023

**Schedule A, Part II, Line 5 - Excess Gifts (continued)**

Donor Name	Total	Excess
RADSALSA	\$ 17,363	\$
RANDA	17,971	
REBEL GIRLS	13,008	
REBUILDING TOGETHER	15,033	
RETROMASS	8,440	
ROARIE	13,068	
SHELTERSUIT FOUNDATION	99,000	
SIRMULLIGAN (EUROEMILIA)	29,500	
SMIT MASK	6,195	
SO BODY CO. UK	422,588	
SPECIALTIES PLUS OF NC	23,582	
ST SOLEIL	48,980	
STATE OF MENOPAUSE	592,920	
STEVENS CHEMICAL COMPANY	15,010	
SUGAR AND COTTON	26,682	
SUNNY AND TED	239,505	
SUPERPLASTIC	133,772	
SUPPLYING DEMAND, INC.	40,000	
SYNEOS HEALTH	70,124	
TEAM SHAKTI DISTRIBUTION	14,490	
THE ADVENTURE CHALLENGE	5,700	
THE CLOROX COMPANY	687,554	
THE MATCHA SHOPPE	7,229	
THE PAPER BAG COMPANY	13,755	
THOUGHTFULLY	88,619	
TIMELESS SKIN CARE	72,926	
TROSTMAN	18,911	
TWIXTAR LLC	7,441	
U.S. SOCCER FEDERATION	12,600	
VESSI FOOTWEAR LTD	159,500	
VIDA EARTH	8,449	
VILLA COTTON CORP.	11,400	
VUL-PINE	17,205	
WALGREENS	1,009,658	307,553
WARREN JAMES	21,550	
WARREN JAMES, INC.	15,900	
WEAR THE PEACE CLOTHING, INC.	344,696	
WELLY, INC.	8,604	
WEST SLOPE	51,198	
WILLOW CREEK COMMUNITY CHURCH	71,928	
WIN WAREHOUSE	100,030	
TOTAL	<u>\$ 23,124,642</u>	<u>\$ 2,724,693</u>

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FYE: 12/31/2023

## Federal Statements

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
SALES OF GOODS	\$ 194,400
TRIVIA/GROOVE	56,335
TOTAL	<u>\$ 250,735</u>

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FYE: 12/31/2023

## Federal Statements

### Trivia/Groove

#### Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
EVENT SUPPLIES	\$ 5,510
EVENT LOCATION	5,047
EVENT ENTERTAINMEN	3,600
TOTAL	<u>\$ 14,157</u>

# Illinois Return Summary

For calendar year 2023, or tax year beginning , and ending

**\*\* - \*\*\*1706**

**GIVE N KIND**

Amount you are paying (IL-990T) \_\_\_\_\_

**Apportionment**

Total sales everywhere	_____
Total Illinois sales	_____ <u>0</u>
Apportionment factor	_____ <u>0.000000</u> %

Net income or loss	_____
Investment credits	_____
Net replacement tax	_____

Income tax credits	_____
Net income tax	_____

Credit from prior year overpayment	_____
Total estimated payments	_____
Extension payment	_____
Pass-through withholding payments	_____
Pass-through entity tax credits	_____
Gambling withholding	_____

**Total payments** \_\_\_\_\_

Overpayment	_____
Amount to credit forward	_____

**Refund** \_\_\_\_\_

Tax due before penalty and interest	_____
Late payment interest	_____
Failure to pay penalty	_____
Failure to file penalty	_____

**Total amount due** \_\_\_\_\_

**Next Year's Estimates**

1st quarter	_____
2nd quarter	_____
3rd quarter	_____
4th quarter	_____
<b>Total</b>	_____

**Charitable Registration**

Filing fee	_____ <u>15</u>
Return / extended due date	_____ <u>07/01/24</u>

**Miscellaneous Information**

Amended return	
IL-990T due date /extended date	_____ <u>11/15/24</u>

**ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT**

Form AG990-IL

**Illinois Attorney General Kwame Raoul**  
 Charitable Trust Bureau, 115 S. LaSalle St  
 Chicago, IL 60603

Revised 01/24

CO # **01064742**

For Office Use Only

PMT #	_____
AMT	_____
INIT	_____

Report for the Fiscal Period:

Beginning 01/01/2023

& Ending 12/31/2023

MO DAY YR

Check all items attached:

- Copy of IRS Return
- Audited Financial Statements
- Reviewed Financial Statements
- Copy of Form IFC
- \$15 Annual Report Filing Fee
- \$100 Late Report Filing Fee

Make Checks Payable to Illinois Charity Bureau Fund

Federal ID # **\*\* - \*\*\* 1706**

Are contributions to the organization tax deductible? Yes  No

Date organization was created: 10/23/2012

MO DAY YR

Legal Name: <b>GIVE N KIND</b>	YEAR-END AMOUNTS	
Mail Address: <b>1650 LIND LANE</b>	A) ASSETS	A) \$ <b>3,118,231</b>
City, State: <b>GURNEE IL</b>	B) LIABILITIES	B) \$ <b>813,511</b>
Zip Code: <b>60031</b>	C) NET ASSETS	C) \$ <b>2,304,720</b>
<b>I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:</b>	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REV. (GROSS AMTS.)	<b>98 %</b>	D) \$ <b>13,635,149</b>
E) GOVERNMENT GRANTS AND MEMBERSHIP DUES	<b>1 %</b>	E) \$ <b>95,375</b>
F) OTHER REVENUES	<b>1 %</b>	F) \$ <b>194,400</b>
G) TOTAL REVENUES, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E & F)	<b>100 %</b>	G) \$ <b>13,924,924</b>
<b>II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR</b>		
H) OPERATING CHARITABLE PROGRAM EXPENSE	<b>3 %</b>	H) \$ <b>369,156</b>
I) EDUCATION PROGRAM SERVICE EXPENSE	<b>%</b>	I) \$
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	<b>3 %</b>	J) \$ <b>369,156</b>
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J)		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	<b>97 %</b>	K) \$ <b>13,615,483</b>
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	<b>100 %</b>	L) \$ <b>13,984,639</b>
M) MANAGEMENT AND GENERAL EXPENSE	<b>%</b>	M) \$ <b>27,055</b>
N) FUNDRAISING EXPENSE	<b>%</b>	N) \$
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M & N)	<b>100 %</b>	O) \$ <b>14,011,694</b>
<b>III. SUMMARY OF ALL PAID FUNDRAISER &amp; CONSULTANT ACTIVITIES</b> (Attach Attorney General Report of Individual Fundraising Campaign (Form IFC). One for each PFR.) <b>PROFESSIONAL FUNDRAISERS:</b>		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	<b>100 %</b>	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	<b>%</b>	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q = R)	<b>%</b>	R) \$
<b>• PROFESSIONAL FUNDRAISING CONSULTANTS:</b>		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
<b>IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:</b>		
T) NAME, TITLE: <b>EMILY PETWAY EXECUTIVE DIRECTOR</b>		T) \$ <b>62,406</b>
U) NAME, TITLE: <b>CARLA MARANTO-ARNOLD DIRECTOR</b>		U) \$ <b>32,867</b>
V) NAME, TITLE: <b>ANNE BAILY PROGRAM MANAGER</b>		V) \$ <b>25,233</b>
<b>V. CHARITABLE PROGRAM DESCRIPTION:</b> CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES	List on back side of Instructions CODE	
W) DESCRIPTION: <b>NEIGHBORHOOD AND COMMUNITY DEVELOPMENT</b>	W) #	<b>112</b>
X) DESCRIPTION:	X) #	
Y) DESCRIPTION:	Y) #	

**GIVE N KIND**

**\*\* - \*\*\*1706**

**IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES, ATTACH A DETAILED EXPLANATION:**

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGEMENT? .....		<b>X</b>
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? .....		<b>X</b>
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PART TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? .....		<b>X</b>
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? .....		<b>X</b>
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? .....		<b>X</b>
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) .....		<b>X</b>
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? .....		<b>X</b>
7b. IF "YES", ENTER (I) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ _____ ; (II) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ _____ ; (III) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ _____ ; AND (IV) THE AMOUNT ALLOCATED TO FUNDRAISING \$ _____ .		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? .....		<b>X</b>
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? .....		<b>X</b>
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? .....		<b>X</b>
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <b>PNC BANK</b> <b>PO BOX 856177 LOUISVILLE KY 40285-6177</b>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON <b>EMILY PETWAY</b>		<b>770-361-0802</b>

**• ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT – SEE INSTRUCTIONS •**

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

**KYLE JOHNSON**

BE SURE TO INCLUDE ALL FEES DUE: PRESIDENT or TRUSTEE (PRINT NAME) SIGNATURE DATE

1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. **PATRICK SWARTZER**

2.) FOR FEES DUE, SEE INSTRUCTIONS. TREASURER or TRUSTEE (PRINT NAME) SIGNATURE DATE

3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. **RONALD J AMEN, CPA**  
PREPARER (PRINT NAME) SIGNATURE DATE

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**A For the 2023 calendar year, or tax year beginning** , **and ending**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **GIVE N KIND**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1650 LIND LANE**  
 City or town, state or province, country, and ZIP or foreign postal code  
**GURNEE IL 60031**

**D** Employer identification number: **\*\* - \*\*\*1706**

**E** Telephone number

**G** Gross receipts\$ **13,924,924**

**F** Name and address of principal officer:  
**EMILY PETWAY**  
**2472 WATERBURY LANE**  
**BUFFALO GROVE IL 60089**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: **WWW.GIVENKIND.COM**

**K** Form of organization:  Corporation  Trust  Association  Other

**L** Year of formation: **2012** **M** State of legal domicile: **IL**

**H(c)** Group exemption number

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	3
	6 Total number of volunteers (estimate if necessary)	6	318
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	11,604,762	13,674,189
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,376	236,578
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,659,138	13,910,767
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,547,125	13,615,483
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	90,553	147,750
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	220,850	248,461
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,858,528	14,011,694
19 Revenue less expenses. Subtract line 18 from line 12	1,800,610	-100,927	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,409,103	3,118,231
	21 Total liabilities (Part X, line 26)	3,456	813,511
	22 Net assets or fund balances. Subtract line 21 from line 20	2,405,647	2,304,720

**Part II Signature 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 Here**  
 Signature of officer: **KYLE JOHNSON** Date: \_\_\_\_\_  
 Type or print name and title: **PRESIDENT**

**Paid Preparer Use Only**  
 Print/Type preparer's name: **RONALD J AMEN, CPA** Preparer's signature: **RONALD J AMEN, CPA** Date: **08/27/24** Check  if PTIN self-employed **\*\*\*\*\***  
 Firm's name: **LAUTERBACH & AMEN, LLP** Firm's EIN: **\*\* - \*\*\*3681**  
 Firm's address: **668 N. RIVER RD. NAPERVILLE, IL 60563** Phone no.: **630-416-6900**

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

If "Yes," describe these new services on Schedule O.

**3** 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.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **13,984,639** including grants of \$ **13,615,483** ) (Revenue \$ **539,730** )

**SEE SCHEDULE O**

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **13,984,639**



**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> 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>		X
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>		X
6	Did the organization maintain any donor 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? <i>If "Yes," complete Schedule D, Part I</i>		X
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>		X
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>		X
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>		X
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>		X
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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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>		X
c	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>		X
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>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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 [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		Yes	No
<b>2a</b>	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	<b>2a</b>	<b>3</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	<b>X</b>
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	<b>3b</b>	
<b>4a</b>	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)?	<b>4a</b>	<b>X</b>
<b>b</b>	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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>	<b>X</b>
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>	<b>X</b>
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	<b>7a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>	<b>X</b>
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	<b>X</b>
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>	<b>X</b>
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>	<b>X</b>
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	<b>X</b>
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>	
<b>15</b>	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? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	<b>X</b>
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	<b>X</b>
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, 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? If "Yes," complete Form 6069.	<b>17</b>	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year 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.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	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?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Did the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body?	<b>X</b>	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?	<b>X</b>	
<b>10b</b>	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>X</b>	
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11b</b>	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done		<b>X</b>
<b>13</b>	Did the organization have a written whistleblower policy?		<b>X</b>
<b>14</b>	Did the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b>	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?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official		<b>X</b>
<b>15b</b>	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		<b>X</b>
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its 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?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  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.

**CARLA MARANTO-ARNOLD** 1000 ASBURY DRIVE SUITE 5  
**BUFFALO GROVE** IL 60089 847-802-8977

**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 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.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <b>EMILY PETWAY</b>	40.00									
<b>EXECUTIVE DIRECTOR</b>	0.00			X			62,406	0	0	
(2) <b>CARLA MARANTO-ARNOLD</b>	20.00									
<b>DIRECTOR</b>	0.00			X			32,867	0	0	
(3) <b>ANNE BAILEY</b>	20.00									
<b>PROGRAM MANAGER</b>	0.00			X			25,233	0	0	
(4) <b>JOANNE JOHNSON</b>	5.00									
<b>VICE PRESIDENT</b>	0.00	X		X			0	0	0	
(5) <b>KYLE JOHNSON</b>	2.00									
<b>PRESIDENT</b>	0.00	X		X			0	0	0	
(6) <b>ROBERT KLAWANS</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	
(7) <b>GERALD MICHALSKI</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	
(8) <b>NATALIE MICHAS</b>	2.00									
<b>SECRETARY</b>	0.00	X		X			0	0	0	
(9) <b>CHRIS OLSON</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	
(10) <b>PETER SANTANGELO</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	
(11) <b>CHRIS STILLING</b>	5.00									
<b>BOARD MEMBER</b>	0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>PATRICK SWARTZER</b>										
(12) <b>TREASURER</b>	2.00 0.00	X		X				0	0	0
(13) <b>JOI WASHINGTON</b>										
(13) <b>BOARD MEMBER</b>	5.00 0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Subtotal</b>								<b>120,506</b>		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								<b>120,506</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		<b>X</b>
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**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 **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	95,375				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	13,578,814				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 13,418,128				
	<b>h Total.</b> Add lines 1a-1f		<b>13,674,189</b>				
	<b>Program Service Revenue</b>	<b>2a</b> .....	Business Code				
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		56,335				
		<b>8b</b>	14,157				
<b>c</b> Net income or (loss) from fundraising events			42,178				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>9b</b>					
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
		<b>10b</b>					
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a SALES OF GOODS</b>	Business Code	194,400	194,400			
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			194,400			
<b>12 Total revenue.</b> See instructions			<b>13,910,767</b>	<b>194,400</b>	<b>0</b>	<b>0</b>	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	<b>13,615,483</b>	<b>13,615,483</b>		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>147,750</b>	<b>146,948</b>	<b>802</b>	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	<b>50,317</b>	<b>50,003</b>	<b>314</b>	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>97,594</b>	<b>97,594</b>		
<b>17</b> Travel	<b>9,627</b>	<b>9,627</b>		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>48,405</b>	<b>48,405</b>		
<b>23</b> Insurance	<b>16,391</b>		<b>16,391</b>	
<b>24</b> 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.)				
<b>a</b> <b>FACILITIES AND EQUIPMENT FEES</b>	<b>10,050</b>	<b>10,050</b>		
<b>b</b> <b>FEES</b>	<b>8,618</b>	<b>1,795</b>	<b>6,823</b>	
<b>c</b> <b>WASTE</b>	<b>4,640</b>	<b>4,640</b>		
<b>d</b> <b>INTEREST EXPENSE</b>	<b>2,725</b>		<b>2,725</b>	
<b>e</b> All other expenses	<b>94</b>	<b>94</b>		
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>14,011,694</b>	<b>13,984,639</b>	<b>27,055</b>	<b>0</b>
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				



**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	1 Cash—non-interest-bearing	99,717	1	143,176	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from 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		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 923,661			
	b Less: accumulated depreciation	10b 49,272	11,365	10c 874,389	
	11 Investments—publicly traded securities		11		
	12 Investments—other securities. See Part IV, line 11		12		
	13 Investments—program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		2,298,021	15	2,100,666
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		2,409,103	16	3,118,231	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	1,600	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other 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		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24	809,532	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		3,456	25	2,379
	26 <b>Total liabilities.</b> Add lines 17 through 25		3,456	26	813,511
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27 Net assets without donor restrictions	2,405,647	27	2,304,720	
	28 Net assets with donor restrictions		28		
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	2,405,647	32	2,304,720	
33 Total liabilities and net assets/fund balances	2,409,103	33	3,118,231		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>13,910,767</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>14,011,694</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-100,927</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>2,405,647</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,304,720</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2023

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

GIVE N KIND

Employer identification number

\*\*-\*\*\*1706

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 X 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 33 1/3% 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 33 1/3% 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Rows (A) through (E) and Total.

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	21,831	1,474,865	8,294,314	11,604,762	13,674,189	35,069,961
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	21,831	1,474,865	8,294,314	11,604,762	13,674,189	35,069,961
<b>5</b> 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)						2,724,693
<b>6</b> Public support. Subtract line 5 from line 4.						32,345,268

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4	21,831	1,474,865	8,294,314	11,604,762	13,674,189	35,069,961
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		4,265				4,265
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		2,560	28,470			31,030
<b>11 Total support.</b> Add lines 7 through 10						35,105,256
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	319,184
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	92.14 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test — 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test — 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test — 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test — 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here [ ]

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests — 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

b 33 1/3% support tests — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization [ ]

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions [ ]

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 on 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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including their designation, IRS determination, and control.

Part IV Supporting Organizations (continued)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
  - a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
  - b A family member of a person described on line 11a above?
  - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

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.

	Yes	No
1		
2		

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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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?
- 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).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  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.
  - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of 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.
- 3 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.
  - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A – Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B – Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		



<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b> (continued)				
<b>Section D – Distributions</b>			<b>Current Year</b>	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>		
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	<b>5</b>		
<b>6</b>	Other distributions (describe in Part VI). See instructions.	<b>6</b>		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	<b>8</b>		
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>		
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>		
<b>Section E – Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2023</b>	<b>(iii) Distributable Amount for 2023</b>
<b>1</b>	Distributable amount for 2023 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2023			
<b>a</b>	From 2018 .....			
<b>b</b>	From 2019 .....			
<b>c</b>	From 2020 .....			
<b>d</b>	From 2021 .....			
<b>e</b>	From 2022 .....			
<b>f</b>	<b>Total</b> of lines 3a through 3e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2023 distributable amount			
<b>i</b>	Carryover from 2018 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2023 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2023 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
<b>6</b>	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2019 .....			
<b>b</b>	Excess from 2020 .....			
<b>c</b>	Excess from 2021 .....			
<b>d</b>	Excess from 2022 .....			
<b>e</b>	Excess from 2023 .....			

**Part VI** **Supplemental 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.)

**PART II, LINE 10 - OTHER INCOME DETAIL**

\$ 31,030

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

GIVE N KIND

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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance .....             | <b>1c</b> |
| <b>d</b> Additions during the year .....     | <b>1d</b> |
| <b>e</b> Distributions during the year ..... | <b>1e</b> |
| <b>f</b> Ending balance .....                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

- |   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |
- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ..... %
  - b** Permanent endowment ..... %
  - c** Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i)** Unrelated organizations?  Yes  No
  - (ii)** Related organizations?  Yes  No
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....				
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>13,494</b>	<b>675</b>	<b>12,819</b>
<b>e</b> Other .....		<b>910,167</b>	<b>48,597</b>	<b>861,570</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				<b>874,389</b>

**Part VII Investments – Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments – Program Related**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) <b>NONCASH ITEMS INVENTORY</b>	<b>2,100,666</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>2,100,666</b>

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>OTHER PAYABLES</b>	<b>2,379</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>2,379</b>

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>13,924,924</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>14,157</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>14,157</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>13,910,767</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>13,910,767</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>14,025,851</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>14,157</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>14,157</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>14,011,694</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>14,011,694</b>

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**DIRECT EVENTS EXPENSE** \$ **14,157**

**PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER**

**DIRECT EVENTS EXPENSE** \$ **14,157**



**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\*1706**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....  
.....  
.....  
.....  
.....



**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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
		<u>TRIVIA/GROOVE</u>		<u>NONE</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	56,335		56,335
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	56,335		56,335
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	14,157		14,157
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				42,178

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	<input type="checkbox"/> Yes ..... % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

GIVE N KIND

Employer identification number

\*\*-\*\*\*1706

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows include CRADLES TO CRAYONS, BARRINGTON GIVING DAY, HEARTLAND ANIMAL SHELTER, GIGI'S PLAYHOUSE DEERFIELD LLC, NEIGHBORHOOD HEALTH CENTERS OF LV, MUNDELEIN POLICE DEPARTMENT, LAKELAND HILLS FAMILY YMCA, SECOND HARVEST OF THE LEHIGH VALLEY, and COMMUNITY FOOD BANK OF NEW JERSEY.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\* 1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UNITED WAY OF BUCKS COUNTY 413 HOOD BOULEVARD FAIRLESS HILLS PA 19030	** - *** 9706			8,700			
(2)	HAVEN HOUSE 1411 UNION BOULEVARD ALLEN TOWN PA 18109	** - *** 1559			8,030			
(3)	PHILABUNDANCE 3616 SOUTH GALLOWAY STREET PHILADELPHIA PA 19148	** - *** 0505			459,810			
(4)	HABITAT FOR HUMANITY OF THE LEHIGH 245 NORTH GRAHAM STREET ALLEN TOWN PA 18109	** - *** 4326			21,202			
(5)	THE ARK 6450 N. CALIFORNIA AVE. CHICAGO IL 60645	** - *** 4967			19,724			
(6)	VALLEY YOUTH HOUSE 3400 HIGH POINT BOULEVARD BETHLEHEM PA 18017	** - *** 8820			6,681			
(7)	HANDS OF HOPE 511 OAK LEAF CT SUITE A JOLIET IL 60436	** - *** 3414			93,350			
(8)	CHICAGO WORKERS COLLABORATIVE 1914 S ASHLAND AVE CHICAGO IL 60608	** - *** 0308			26,646			
(9)	EQUAL HOPE 7211 S. YATES BLVD CHICAGO IL 60649	** - *** 4895			28,671			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\*1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SISTERS WORKING IT OUT, NFP 21114 VIVIANNE DR. MATTESON IL 60443	** - ***2273			151,453			
(2)	LIFEPATH FOUNDATION 3500 HIGH POINT BOULEVARD BETHLEHEM PA 18017	** - ***6424			5,520			
(3)	CHICAGO URBAN MINISTRIES AND LIFE I 2506 GREENWOOD AVE WILMETTE IL 60091	** - ***5838			38,198			
(4)	HOME FUR GOOD 10220 NORTH 32ND STREET PHOENIX AZ 85028	** - ***1954			15,440			
(5)	BERNIE'S BOOK BANK 917 NORTH SHORE DRIVE LAKE BLUFF IL 60044	** - ***4453			57,312			
(6)	OUTREACH CHICAGO 6002 S HALSTED ST. CHICAGO IL 60621	** - ***4089			37,689			
(7)	INTERCESSORY PRAYER MINISTRIES INC 3244 GILEAD AVENUE ZION IL 60099	** - ***0525			9,304			
(8)	KEEPING FAMILIES COVERED 3250-B N. OAK GROVE AVE. WAUKEGAN IL 60087	** - ***4770			14,429			
(9)	LIFE QUILT FOUNDATION 1515 S PRAIRIE AVE UNIT 1106 CHICAGO IL 60605-3026	** - ***1437			13,123			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\* 1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MY JOYFUL HEART 9981 W. 190TH ST. MOKENA IL 60448	** - *** 8912			246,127			
(2)	HOPEFUL BEGINNINGS OF ST MARY'S 521 NORTH MAIN STREET MOUNT PROSPECT IL 60056	** - *** 7889			15,652			
(3)	FAMILY FOCUS 310 S. PEORIA ST., SUITE 301 CHICAGO IL 60607	** - *** 6998			12,917			
(4)	THE SALVATION ARMY 850 S. GREEN BAY ROAD WAUKEGAN IL 60031	** - *** 7910			25,826			
(5)	UNITED WAY OF LAKE COUNTY 549 EAST GLENCOE STREET PALATINE IL 60074	** - *** 7949			14,723			
(6)	MARYVILLE ACADEMY 1150 NORTH RIVER ROAD DES PLAINES IL 60016	** - *** 0873			20,730			
(7)	KIDS ABOVE ALL 8765 W HIGGINS RD, STE 450 CHICAGO IL 60631	** - *** 1716			6,233			
(8)	YWCA METROPOLITAN CHICAGO 2407 N ORCHARD LANE ROUND LAKE BEACH IL 60073	** - *** 9765			141,911			
(9)	YMCA METRO CHICAGO 32405 N US HIGHWAY 12 VOLO IL 60041-9312	** - *** 9782			18,736			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
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OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\* 1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ROSALIND FRANKLIN UNIVERSITY 3471 GREEN BAY ROAD NORTH CHICAGO IL 60064	** - *** 1973			32,137			
(2)	AMITY LEARNING CENTER 834 W PLEASANT ST FREEPORT IL 61032	** - *** 3600			23,381			
(3)	LUTHERAN CHURCH CHARITIES 3020 MILWAUKEE AVE NORTHBROOK IL 60062	** - *** 2704			11,872			
(4)	HOLY TRINITY CHURCH 101 S ELROY AVE BARTLETT IL 60103	** - *** 6028			14,287			
(5)	DEERFIELDFREESTORE 1020 KENTON ROAD DEERFIELD IL 60015	** - *** 0686			55,473			
(6)	FIRST PRESBYTERIAN CHURCH 824 WAUKEGAN RD DEERFIELD IL 60015	** - *** 0026			8,926			
(7)	DEERFIELD MONTESSOR SCHOOL 3140 RIVERWOODS RD RIVERWOODS IL 60015-1669	** - *** 1234			6,463			
(8)	NICASA- ARCH 20517 N ELIZABETH AVE LINCOLNSHIRE IL 60069	** - *** 5412			6,784			
(9)	COLLEGE OF LAKE COUNTY 19351 WEST WASHINGTON STREET GRAYSLAKE IL 60046	** - *** 8760			6,608			

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(1)	NOURISHING HOPE 1716 W HUBBARD ST. CHICAGO IL 60622	** - *** 4184			8,231			
(2)	ORCHARD VILLAGE 7660 GROSS POINT RD SKOKIE IL 60077	** - *** 3481			44,140			
(3)	FRANCISCAN OUTREACH 10 S KEDZIE RM 129 CHICAGO IL 60612	** - *** 8835			11,959			
(4)	WHEATON CHRISTIAN CENTER CHURCH 161 S. LINCOLNWAY ST. NORTH AURORA IL 60542	** - *** 0829			7,018			
(5)	CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PLACE CHICAGO IL 60632	** - *** 1864			1,789,497			
(6)	PTA EQUITY PROJECT 937 RIDGE AVE EVANSTON IL 60202	** - *** 4011			6,830			
(7)	CHINESE MUTUAL AID ASSOCIATION 1016 W ARGYLE STREET, CHICAGO IL 60645	** - *** 9799			119,677			
(8)	SPECIAL LEISURE SERVICES FOUNDATION 3000 W. CENTRAL, SUITE 205 ROLLING MEADOWS IL 60008	** - *** 5710			8,862			
(9)	THE NIGHT MINISTRY 1735 N. ASHLAND AVE. CHICAGO IL 60622	** - *** 5764			13,660			

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(1)	YOUTH SERVICES 3080 WEST LAKE AVE GLENVIEW IL 60025	** - *** 2275			6,784			
(2)	STARTEARLY/EDUCARE CHICAGO 33 WEST MONROE STREET CHICAGO IL 60603	** - *** 6328			7,451			
(3)	SOCIETY OF ST VINCENT DE PAUL 116 N. LAKE ST. MUNDELEIN IL 60060	** - *** 5567			14,545			
(4)	NORTHERN ILLINOIS FOOD BANK 273 DEARBORN COURT GENEVA IL 60134	** - *** 3648			53,783			
(5)	WONDER LAKE NEIGHBORS FOOD PANTRY 3506 EAST WONDER LAKE RD WONDER LAKE IL 60097	** - *** 5632			15,948			
(6)	INNER VOICE, INC. 567 W LAKE STREET CHICAGO IL 60661	** - *** 8143			11,552			
(7)	ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVE. GURNEE IL 60031	** - *** 4976			26,187			
(8)	GLENCOE YOUTH SERVICES 680 GREENWOOD AVE. GLENCOE IL 60022	** - *** 8086			32,431			
(9)	CENTRAL SCHOOL DISTRICT 62 PTO 1526 THACKER CHICAGO IL 60606	** - *** 1082			21,495			

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(1)	KILMER PTO 704 DRAE COURT WHEELING IL 60090	** - ***2846			5,978			
(2)	CASA ESPERANZA PROJECT 8801 S SAGINAW AVENUE CHICAGO, IL CHICAGO IL 60617	6 ** - ***9531			52,007			
(3)	THE CHAPEL PALATINE PANTRY 1200 AMERICAN WAY LIBERTYVILLE IL 60048	** - ***3071			23,427			
(4)	BARRINGTON ROTARY 291 NORTH SHORELINE ROAD LAKE BARRINGTON IL 60010	** - ***9261			11,319			
(5)	PLATO ACADEMY 923 HASTINGS STREET PARK RIDGE IL 60068	** - ***6600			26,018			
(6)	GREAT LAKES ADAPTIVE SPORTS ASSOCIA 27864 IRMA LEE CIRCLE LAKE FOREST IL 60045	** - ***5965			13,219			
(7)	BROWN BEAR DAYCARE AND LEARNING CEN 21007 MCGUIRE ROAD HARVARD IL 60033	** - ***5259			18,243			
(8)	MANO A MANO FAMILY RESOURCE CENTER 6 E MAIN ST ROUND LAKE PARK IL 60073	** - ***8084			100,302			
(9)	HAWTHORN DISTRICT 73 841 WEST END COURT VERNON HILLS IL 60061	** - ***4867			22,005			

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(1)	ST. JAMES 5 CAMBRIDGE CT BUFFALO GROVE IL 60089	** - *** 8372			29,071			
(2)	THE REVA & DAVID LOGAN FOUNDATION 4751 N SHERIDAN RD CHICAGO IL 60640	** - *** 9439			21,239			
(3)	VOICE OF THE PEOPLE 4611 N. SHERIDAN RD. CHICAGO IL 60640	** - *** 1099			5,724			
(4)	ILLINOIS JAYCEE CHARITABLE FOUNDATI 1576 BURNING BUSH LN HOFFMAN ESTATES IL 60192	** - *** 2894			12,119			
(5)	ROSE OF SHARON MB CHURCH 25933 W STEEPLEBUSH LN ROUND LAKE IL 60073	** - *** 1488			13,122			
(6)	VERNON TOWNSHIP FOOD PANTRY 3050 N. MAIN ST. BUFFALO GROVE IL 60089	** - *** 1039			17,984			
(7)	PALATINE TOWNSHIP SENIOR CENTER 1185 HASSELL ROAD HOFFMAN ESTATES IL 60169	** - *** 1764			8,953			
(8)	HOPE LUTHERAN CHURCH OF LONG GROVE 1660 CHECKER RD. LONG GROVE IL 60047	** - *** 8278			5,619			
(9)	IMMANUEL LUTHERAN CHURCH 855 LEE STREET DES PLAINES IL 60016	** - *** 8188			58,085			

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(1)	BELKNAP MINISTRIES, INC. DBA INSPIR 2019 NORTH MASTERS DRIVE DALLAS TX 75217	** - *** 0447			1,007,036			
(2)	ABUNDANT BLESSINGS CHURCH 1013 CHARLELA LN ELK GROVE VILLAGE IL 60007	** - *** 8880			24,690			
(3)	KOURTNEYS KINDNESS SERVING WITH PUR 7351 S. FRANCISCO AVE CHICAGO IL 60629	** - *** 9448			9,151			
(4)	SECOND CITY CANINE RESCUE 303 EDEN COURT ROSELLE IL 60172	** - *** 6498			11,241			
(5)	BETTER SISTER AND BROTHER GROWTH 29 WEST 159TH STREET HARVEY IL 60426	** - *** 0580			16,188			
(6)	BALANCE BOXES 1399 LINDEN AVE DEERFIELD IL 60015	** - *** 2846			20,527			
(7)	TOWNSHIP OF SCHAUMBURG FOOD PANTRY 1 ILLINOIS BLVD HOFFMAN ESTATES IL 60169	** - *** 4727			101,127			
(8)	KALEIDOSCOPE SCHOOL OF FINE ART 316 W. MAIN STREET BARRINGTON IL 60010	** - *** 7721			5,820			
(9)	CULINARY FIGHT CLUB, INC 1005 W NORTH AVE LAKE BLUFF IL 60044	** - *** 3962			77,971			

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(1)	DREAMCHASERS UNITED NFP 2921 SOUTH MICHIGAN AVENUE CHICAGO IL 60616	** - *** 0198			36,455			
(2)	ROBERTI COMMUNITY HOUSE, PO BOX 65 LAKE FOREST IL 60045	** - *** 8102			29,718			
(3)	SOARING EAGLE COMMUNITY DEVELOPMENT 1501 HERVEY AVE. UNIT C NORTH CHICAGO IL 60064	** - *** 9776			145,843			
(4)	THE COMMUNITY WORKS 141 S. GENESEE STREET, SUITE 141A WAUKEGAN IL 60085	** - *** 8636			9,391			
(5)	FILL A HEART 4 KIDS 1 MARKET SQUARE COURT LAKE FOREST IL 60045	** - *** 2522			131,472			
(6)	FAMILY PROMISE OF LEHIGH VALLEY 1346 HAMILTON ST ALLENTOWN PA 18102	** - *** 1737			6,195			
(7)	BOUNCE CHILDREN'S FOUNDATION 255 BIRCHWOOD AVE DEERFIELD IL 60015	** - *** 5431			21,898			
(8)	CREATIVE CHICAGO REUSE EXCHANGE 2124 W. 82ND PLACE CHICAGO IL 60620	** - *** 9301			11,915			
(9)	D300 FOOD PANTRY P.O. BOX 879 CARPENTERSVILLE IL 60110	** - *** 0004			20,091			

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(1)	ST. AGATHA CATHOLIC CHURCH 3147 WEST DOUGLAS BOULEVARD CHICAGO IL 60623	** - *** 6617			28,740			
(2)	ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DRIVE ATLANTA GA 30344-5719	** - *** 6648			7,416			
(3)	TOLLESON FOOD BANK 10 SOUTH 93RD AVENUE TOLLESON AZ 85353	** - *** 0272			235,984			
(4)	HUMANE SOCIETY OF NORTH TEXAS 1840 EAST LANCASTER AVENUE FORT WORTH TX 76103	** - *** 5911			8,677			
(5)	HES A WONDER MUSIC MINISTRIES OF 9254 S MERRILL AVE CHICAGO IL 60617	AP ** - *** 0537			179,631			
(6)	FELLOWSHIP BIBLE CHURCH/ BETSY BURN 25547 S. TEHLE RD. ELWOOD IL 60421	** - *** 5314			7,268			
(7)	LEND A HAND 2338 WEST MORSE AVENUE CHICAGO IL 60645	** - *** 8676			7,884			
(8)	FAMILIES HELPING FAMILIES CHICAGO LA 4960 PRAIRIE OAK RD, NONE, NONE, NO GURNEE IL 60031	** - *** 8108			5,277			
(9)	RESCUE PACK 1306 W. NORTHWEST HIGHWAY PALATINE IL 60067	** - *** 8093			301,629			

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(1)	WHEELING HELPING HANDS 121 MOCKINGBIRD LN WHEELING IL 60090	** - *** 2786			16,729			
(2)	MOTHERS AGAINST SENSELESS KILLINGS 5044 S MICHIGAN AVE CHICAGO IL 60615-2127	** - *** 9025			16,218			
(3)	A GREATER GOOD FOUNDATION 5639 SOUTH KENWOOD AVENUE CHICAGO IL 60637	** - *** 7510			8,200			
(4)	ANTIOCH TRAVELING CLOSET 624 PONDVIEW DRIVE ANTIOCH IL 60002	** - *** 3851			58,555			
(5)	STREET SAMARITANS INC 801 SOUTH FINANCIAL PLACE CHICAGO IL 60605	** - *** 2622			10,798			
(6)	BETHANY HOUSE OF HOSPITALITY 7430 NORTH RIDGE BOULEVARD CHICAGO IL 60645	** - *** 5858			41,595			
(7)	NELLIE WATSON-COOPER FOUNDATION 7232 S. DAMEN CHICAGO IL 60636	** - *** 0005			6,224			
(8)	CAFE FREEDOM 2112 TUSCANY RIDGE CT. MARYVILLE IL 62062-0019	** - *** 2196			132,171			
(9)	LUNCH BOX OF LOVE 1223 CORPORATE DRIVE EAST ARLINGTON TX 76006	** - *** 7376			92,713			

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CITY OF REFUGE CHICAGO 1421 SOUTH BARRINGTON ROAD BARRINGTON IL 60010	** - ***4041			5,850			
(2)	GRATITUDE GENERATION 815 ROSEMARY TERRACE DEERFIELD IL 60015	** - ***9004			61,442			
(3)	GRANDPARENTS AND KIN RAISING CHILDR 11761 W 11TH ST ZION IL 60099-1355	** - ***2523			15,585			
(4)	CLARK COUNTY SCHOOL DISTRICT 4212 EUCALYPTUS AVENUE LAS VEGAS NV 89121	** - ***0733			88,910			
(5)	VIATOR HOUSE OF HOSPITALITY 1150 N RIVER RD DES PLAINES IL 60016	** - ***4521			7,662			
(6)	CHICAGO REFUGEE COALITION 303 EAST WACKER DRIVE CHICAGO IL 60601	** - ***7387			144,028			
(7)	BENSENVILLE WOOD DALE FOOD PANTRY 192 S CENTER ST BENSENVILLE IL 60106	** - ***1619			107,978			
(8)	CHICAGO UNITED SOLIDARITY PROJECT/M 4922 N. KOSTNER AVE CHICAGO IL 60630	** - ***9731			25,096			
(9)	HELPING HEARTS FOR ANIMALS FOUNDATI 307 E CHERRY COVE LN ROUND LAKE IL 60073-4809	** - ***3602			64,221			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table



**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\* 1706**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	I'VE BEEN MENDED INC. 1991 TILSON LN ROMEDEVILLE IL 60446	** - *** 6143			37,815			
(2)	FRIENDS OF THE HIGHWOOD PUBLIC LIBR 102 HIGHWOOD AVE HIGHWOOD IL 60040	** - *** 9594			12,062			
(3)	TASTE FOR THE HOMELESS 14509 LASALLE ST. RIVERDALE IL 60829	** - *** 1513			249,637			
(4)	CITY MOTIVATORS CORPORATION 503 E. 61ST. STREET CHICAGO IL 60637	** - *** 9851			67,501			
(5)	IN HIS HANDS RESOURCE CENTER INC 1200 RING. RD CALUMET CITY IL 60409	** - *** 8311			278,007			
(6)	COMMON GROUND COMMUNITY RESCUE NETW 312 CONGDON AVENUE ELGIN IL 60120	** - *** 1082			57,098			
(7)	SUPPORT OVER STIGMA, INC 1520 S. 7TH AVENUE ST CHARLES IL 60174-4332	** - *** 0096			432,994			
(8)	BLACK MEN UNITED 4255 W DIVISION CHICAGO IL 60651	** - *** 0761			2,067,696			
(9)	SALT: SERVICE AND LEARNING TOGETHER 1215 NORTH AVENUE HIGHLAND PARK IL 60035	** - *** 0571			89,933			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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Department of the Treasury  
Internal Revenue Service

Name of the organization

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Employer identification number

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**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BABY BIBS AND BOTTLES - WE ARE THE 9631 S CICERO AVE STE 1184 OAK LAWN IL 60453	** - *** 5462			54,910			
(2)	GUIDING LIGHT OF HOPE INC 5430 W. 23RD PLACE CICERO IL 60804	** - *** 5709			8,716			
(3)	THE GRACE NETWORK 2005 PRAIRIE STREET GLENVIEW IL 60025	** - *** 6758			18,412			
(4)	SWEET AND THRIFTY2 18667 DIXIE HIGHWAY HOMEWOOD IL 60430	** - *** 7859			27,641			
(5)	HELP FROM USA TO BIH 9269 COURTLAND DRIVE NILES IL 60714	** - *** 6540			166,127			
(6)	THE RENO-SPARKS GOSPEL MISSION, INC 2115 TIMBER WAY RENO NV 89512	** - *** 5643			29,792			
(7)	KABOD HOUSE INTERNATIONAL 861 RIDGE ROAD HOMEWOOD IL 60430	** - *** 5227			75,327			
(8)	VALLEY COMMUNITY PANTRY 191 S COLUMBIA STREET HEMET CA 92544-6111	** - *** 1187			212,018			
(9)	IEMPOWER 346 E LAKE PARK AVENUE ROUND LAKE BEACH IL 60073	** - *** 4328			20,679			

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

GIVE N KIND

Employer identification number

\*\* - \*\*\* 1706

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of noncash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes entries for FOOD BANK OF NORTHERN NEVADA and CHILDREN'S HUNGER FUND.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2023



SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Name of the organization

Employer identification number

GIVE N KIND

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Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Clothing, Food inventory, and Other (OTHER SUPPLIES).

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding contribution reporting and policies.



**SCHEDULE O  
(Form 990)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public Inspection**

Name of the organization

**GIVE N KIND**

Employer identification number

**\*\* - \*\*\*1706**

**FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

GIVENKIND SOURCES AND EFFICIENTLY REDISTRIBUTES EXCESS GOODS IN THE ECONOMY TO LOCAL NONPROFIT ORGANIZATIONS TO FILL NEEDS IN OUR COMMUNITY. NONPROFITS RECEIVE NEEDED ITEMS THAT SUPPORT THEIR PROGRAMS AND DIVERTING QUALITY GOODS AWAY FROM LANDFILLS REDUCES THE ENVIRONMENTAL IMPACT ON ALL OF US. USABLE GOODS DON'T BELONG IN LANDFILLS, ESPECIALLY WHEN THOSE GOODS FILL A NEED IN OUR COMMUNITY.

**FORM 990 - ORGANIZATION'S MISSION**

GIVENKIND SOURCES AND EFFICIENTLY REDISTRIBUTES EXCESS GOODS IN THE ECONOMY TO LOCAL NONPROFIT ORGANIZATIONS TO FILL NEEDS IN OUR COMMUNITY. NONPROFITS RECEIVE NEEDED ITEMS THAT SUPPORT THEIR PROGRAMS AND DIVERTING QUALITY GOODS AWAY FROM LANDFILLS REDUCES THE ENVIRONMENTAL IMPACT ON ALL OF US. USABLE GOODS DON'T BELONG IN LANDFILLS, ESPECIALLY WHEN THOSE GOODS FILL A NEED IN OUR COMMUNITY.

**FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT**

GIVENKIND'S MISSION IS TO IMPROVE LIVES AND PROTECT THE ENVIRONMENT BY SUSTAINABLY MANAGING EXCESS RESOURCES IN THE ECONOMY. IN 2023, GIVENKIND DISTRIBUTED OVER \$14 MILLION IN SURPLUS PRODUCTS TO 211 CHARITABLE NONPROFITS FOR THEIR CLIENTS AND PROGRAMS AND KEPT THOUSANDS OF POUNDS OF GOODS FROM BEING DISPOSED OF IN LANDFILLS. OUR NONPROFIT PARTNERS PROVIDE VITAL SERVICES TO THE COMMUNITY INCLUDING EDUCATION AND TRAINING PROGRAMS, CHILD CARE, COUNSELING, HEALTH SERVICES, SUPPORT FOR THE UNHOUSED AND FOOD INSECURE, ART AND CULTURE PROGRAMS, ANIMAL WELFARE, AND MORE. WE ARE PROUD

Name of the organization

Employer identification number

GIVE N KIND

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TO SERVE AS A NONPROFIT FOR NONPROFITS, SUPPORTING THEIR MISSIONS AND STRENGTHENING THE DIRECT SERVICE ORGANIZATIONS IN OUR COMMUNITY. ADDITIONALLY, WE SERVE AS A RESOURCE TO COMPANIES WHO SEEK AN ECONOMICALLY AND SOCIALLY SUSTAINABLE SOLUTION FOR THEIR EXCESS PRODUCTS BY DONATING TO NONPROFITS. TO SUPPORT OUR PROGRAM EXPANSION, IN 2023, GIVENKIND RELOCATED TO A LARGER FACILITY IN BUFFALO GROVE, IL, AND BEGAN AN AREA DELIVERY AND RESOURCE RESCUE PROGRAM.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 WE PROVIDE THE COPY OF THE 990 ALONG WITH STATE FILINGS FOR REVIEW BEFORE WE FILE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

DIRECT EVENTS EXPENSE	\$ 14,157
DIRECT EVENTS EXPENSE	\$ -14,157