2026080972 GIVNK

Form **990**

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 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
1000 ASBURY DRIVE, SUITE 5

City or town, state or province, country, and ZIP or foreign postal code
BUFFALO GROVE IL 60089

D Employer identification number
46-1191706

E Telephone number
847-802-8977

G Gross receipts $ **26,024,768**

F Name and address of principal officer:
JOANNE JOHNSON
1000 ASBURY DRIVE, SUITE 5
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.ORG**

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other | **L** Year of formation: **2012** | **M** State of legal domicile: **IL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O

2 Check this box ☐ 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	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	358
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	19,766,619	25,405,470
9	Program service revenue (Part VIII, line 2g)		560,964
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,018	21,760
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	396,022	31,173
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,189,659	26,019,367
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,791,250	22,194,486
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)	276,283	302,557
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) **2,567**		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	333,094	401,190
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	17,400,627	22,898,233
19	Revenue less expenses. Subtract line 18 from line 12	2,789,032	3,121,134

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,386,297	8,380,960
21	Total liabilities (Part X, line 26)	291,645	157,462
22	Net assets or fund balances. Subtract line 21 from line 20	5,094,652	8,223,498

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 — Date

JOANNE JOHNSON **PRESIDENT**
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
RONALD J AMEN, CPA	**RONALD J AMEN, CPA**	**05/06/26**		**P01495944**

Firm's name **LAUTERBACH & AMEN, LLP** Firm's EIN **36-4133681**

Firm's address **668 N. RIVER RD. NAPERVILLE, IL 60563** Phone no. **630-416-6900**

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☐ No

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 $ 22,816,489 including grants of $ 22,194,486) (Revenue $)

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 22,816,489

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		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? *If "Yes," complete Schedule C, Part III*	5		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? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		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? *If "Yes," complete Schedule D, Part VI*	11a	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? *If "Yes," complete Schedule D, Part VII*	11b		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? *If "Yes," complete Schedule D, Part VIII*	11c		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? *If "Yes," complete Schedule D, Part IX*	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	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)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? *If "Yes," complete Schedule F, Parts I and IV*	14b		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? *If "Yes," complete Schedule F, Parts II and IV*	15		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? *If "Yes," complete Schedule F, Parts III and IV*	16		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? *If "Yes," complete Schedule G, Part I.* See instructions	17		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? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21	X	

Part IV Checklist of Required Schedules *(continued)*

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

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 ☐

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X

Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return **2a** 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**2b**	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	**3a**		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation on Schedule O*	**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		X
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	**5a**		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	**5c**		
6a	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?	**6a**		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**		X
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	**7f**		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**		X
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	**9b**		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state? **Note:** See the instructions for additional information the organization must report on Schedule O.	**13a**		
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 **13b**			
c	Enter the amount of reserves on hand **13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation on Schedule O*	**14b**		
15	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 the instructions and file Form 4720, Schedule N.	**15**		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	**16**		X
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	**17**		

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 ..... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11		
	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	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	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?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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?	16b		

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 [X] Another's website [X] 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 **234 HIGHLAND TERRACE WAY**

BOILING SPRINGS **PA 17007** **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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(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) **EMILY PETWAY**	40.00									
EXECUTIVE DIRECTOR	0.00			X				80,752	0	0
(2) **CARLA MARANTO-ARNOLD**	40.00									
DIRECTOR	0.00			X				61,650	0	0
(3) **NEAL CUNNINGHAM**	2.00									
BOARD MEMBER	0.00	X						0	0	0
(4) **JOANNE JOHNSON**	5.00									
PRESIDENT	0.00	X		X				0	0	0
(5) **KYLE JOHNSON**	2.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(6) **ROBERT KLAWANS**	5.00									
BOARD MEMBER	0.00	X						0	0	0
(7) **GERALD MICHALSKI**	5.00									
BOARD MEMBER	0.00	X						0	0	0
(8) **NATALIE MICHAS**	2.00									
SECRETARY	0.00	X		X				0	0	0
(9) **CHRIS OLSON**	2.00									
BOARD MEMBER	0.00	X						0	0	0
(10) **PETER SANTANGELO**	2.00									
BOARD MEMBER	0.00	X						0	0	0
(11) **CHRIS STILLING**	2.00									
TREASURER	0.00	X		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) PATRICK SWARTZER										
(12)	2.00									
BOARD MEMBER	0.00	X						0	0	0
(13) JOI WASHINGTON										
(13)	2.00									
BOARD MEMBER	0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal								142,402		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								142,402		

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
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 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? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

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
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	79,674				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	25,325,796				
	g Noncash contributions included in lines 1a-1f	1g	$ 25,148,110				
	h **Total.** Add lines 1a–1f			25,405,470			
Program Service Revenue		Business Code					
	2a **PROGRAM FEES**	624200		558,799	558,799		
	b **TRANSPORTATION FEES**	624200		2,165	2,165		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			560,964			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			21,760			21,760
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real	(ii) Personal			
	6a Gross rents	6a					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
			(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	8a	36,574				
	b Less: direct expenses	8b	5,401				
	c Net income or (loss) from fundraising events			31,173			
	9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
	11a						
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d						
	12 **Total revenue.** See instructions			26,019,367	560,964	0	21,760

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	22,194,486	22,194,486		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	142,222	94,581	47,641	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	160,335	143,708	16,627	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,300		5,300	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	65,543	65,543		
12 Advertising and promotion				
13 Office expenses	29,514	26,704	319	2,491
14 Information technology	1,780	1,780		
15 Royalties				
16 Occupancy	66,450	66,450		
17 Travel	3,726	3,665		61
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	926	911		15
20 Interest	8,805	8,805		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	147,591	147,591		
23 Insurance	9,589	820	8,769	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FACILITIES AND EQUIPMENT	58,610	58,610		
b FEES	1,625	1,104	521	
c MISCELLANEOUS	1,294	1,294		
d EVENT SUPPLIES	437	437		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,898,233	22,816,489	79,177	2,567
26 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 ☐ 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
Assets	1	Cash—non-interest-bearing	36,022	1	104,982
	2	Savings and temporary cash investments	589,055	2	632,298
	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: 512,085			
	b	Less: accumulated depreciation — 10b: 343,304	316,372	10c	168,781
	11	Investments—publicly traded securities		11	76,427
	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	4,444,848	15	7,398,472
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	5,386,297	16	8,380,960
Liabilities	17	Accounts payable and accrued expenses	1,500	17	
	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	280,787	24	146,307
	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	9,358	25	11,155
	26	**Total liabilities.** Add lines 17 through 25	291,645	26	157,462
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	5,094,652	27	8,223,498
	28	Net assets with donor restrictions		28	
		Organizations that do not follow FASB ASC 958, check here ☐ **and complete lines 29 through 33.**			
	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	5,094,652	32	8,223,498
	33	Total liabilities and net assets/fund balances	5,386,297	33	8,380,960

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,019,367
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,898,233
3	Revenue less expenses. Subtract line 2 from line 1	3	3,121,134
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,094,652
5	Net unrealized gains (losses) on investments	5	7,712
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,223,498

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	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. [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
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. [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	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.	2c	X	
3a	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?	3a		X
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	3b		

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization GIVE N KIND

Employer identification number 46-1191706

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives (1) more than 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 must generally 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,294,314	11,604,762	13,674,189	19,766,619	25,405,470	78,745,354
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	8,294,314	11,604,762	13,674,189	19,766,619	25,405,470	78,745,354
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						8,037,646
6 Public support. Subtract line 5 from line 4						70,707,708

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	8,294,314	11,604,762	13,674,189	19,766,619	25,405,470	78,745,354
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources					21,760	21,760
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	28,470					28,470
11 **Total support.** Add lines 7 through 10						78,795,584

12 Gross receipts from related activities, etc. (see instructions) **12** 1,310,534

13 **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

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) **14** 89.74 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 **15** 90.52 %

16a **33 1/3% support test — 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, 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

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2025.** 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 — 2024.** 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 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

			Yes	No
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?	**11a**		
b	A family member of a person described on line 11a above?	**11b**		
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.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
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.*	**1**		
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.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
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).*	**1**		

Section D. All Type III Supporting Organizations

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

			Yes	No
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 its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
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.*	**2b**		
3	Parent of Supported Organizations. *Answer lines 3a, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	**3a**		
b	Did the organization direct 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.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	**3c**		

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.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	**1**		
2 Recoveries of prior-year distributions	**2**		
3 Other gross income (see instructions)	**3**		
4 Add lines 1 through 3.	**4**		
5 Depreciation and depletion	**5**		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	**6**		
7 Other expenses (see instructions)	**7**		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	**8**		

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
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 **Total** (add lines 1a, 1b, and 1c)	**1d**		
e **Discount** claimed for blockage or other factors *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	**1**		
2 Enter 0.85 of line 1.	**2**		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	**3**		
4 Enter greater of line 2 or line 3.	**4**		
5 Income tax imposed in prior year	**5**		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	**6**		

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required—*provide details in Part VI*)	5	
6	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in Part VI.* See instructions.			
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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

$ 28,470

Schedule B (Form 990) (Rev. December 2024))
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

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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
GIVE N KIND

Employer identification number
46-1191706

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		$ 1,266,013	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2		$ 2,026,464	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
3		$ 2,013,000	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
4		$ 944,030	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
5		$ 553,161	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
6		$ 572,950	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)

Name of organization
GIVE N KIND

Employer identification number
46-1191706

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		$ 815,684	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
8		$ 832,567	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
9		$ 1,042,431	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
10		$ 2,996,650	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization
GIVE N KIND

Employer identification number
46-1191706

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	PERSONAL CARE & FOOD	$ 1,266,013	
2	CLOTHING & HOUSEWARES	$ 2,026,464	
3	HEALTH & FIRST AID	$ 2,013,000	
4	KITCHENWARE	$ 944,030	
5	CLOTHING & SPORTS MEMORABILIA	$ 553,161	
6	PERSONAL CARE	$ 572,950	

Name of organization
GIVE N KIND

Employer identification number
46-1191706

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	BOOKS	$ 815,684	
8	PAPER GOODS	$ 832,567	
9	BOOKS	$ 1,042,431	
10	CLEANING SUPPLIES	$ 2,996,650	
		$	
		$	

SCHEDULE D (Form 990)
(Rev. December 2024)
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

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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.

		(a) Donor advised funds	(b) Funds and other accounts
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? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of a historically important land area
☐ Preservation of a certified historic structure

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.

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included on line 2a	2c
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conversation 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)? ☐ Yes ☐ No

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.

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.

b 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.

(i) Revenue included on Form 990, Part VIII, line 1 $

(ii) Assets included in Form 990, Part X $

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.

a Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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 in 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?	**3b**		

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		**414,596**	**302,543**	**112,053**
d Equipment		**13,494**	**2,025**	**11,469**
e Other		**83,995**	**38,736**	**45,259**
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				**168,781**

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)		
Total. *(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)		
Total. *(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)	**NONCASH ITEMS DONATED INVENTORY**	**7,398,472**
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 15, col. (B))*		**7,398,472**

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)	**OTHER PAYABLES**	**11,155**
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*		**11,155**

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 X

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.

1	Total revenue, gains, and other support per audited financial statements			1	26,032,480
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	7,712		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,401		
e	Add lines 2a through 2d			2e	13,113
3	Subtract line 2e from line 1			3	26,019,367
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	26,019,367

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.

1	Total expenses and losses per audited financial statements			1	22,903,634
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,401		
e	Add lines 2a through 2d			2e	5,401
3	Subtract line 2e from line 1			3	22,898,233
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	22,898,233

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 X - LINE 2 - FIN 48 FOOTNOTE

THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER DIRECT EVENTS EXPENSE $ 5,401

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER DIRECT EVENTS EXPENSE $ 5,401

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)
(Rev. December 2024)
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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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 nongovernment 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 fund-raiser have custody or control of contributions? Yes	(iii) No	**(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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 (add col. (a) through col. (c))
		TRIVIA NIGHT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	36,574			36,574
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	36,574			36,574
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	5,177			5,177
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	224			224
	10 Direct expense summary. Add lines 4 through 9 in column (d)				5,401
	11 Net income summary. Subtract line 10 from line 3, column (d)				31,173

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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:

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization $ and the amount of gaming revenue retained by the third party $

c If "Yes," enter tha name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) 4 KIDS SAKE 339 REMINGTON BLVD BOLINGBROOK IL 60440-4922	46-3379182			25,000	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) ABRAXAS ALLIANCE, INC 5701 S WOOD ST CHICAGO IL 60636-1646	86-3980032			30,010	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) ABUNDANT BLESSINGS CHURCH 1316 W 63RD ST CHICAGO IL 60636-1848	45-2868880			11,401	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) ALMOST HOME FOUNDATION PO BOX 308 ELK GROVE VILLAGE IL 60009-0308	04-3805366			34,090	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) AMITY LEARNING CENTER 511 S LIBERTY AVE FREEPORT IL 61032-5600	36-2193600			47,983	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) AMVETS POST 66 700 MCHENRY RD WHEELING IL 60090-3861	36-2584306			6,282	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) ANIMAL HOUSE SHELTER, INC 13005 ERNESTI RD HUNTLEY IL 60142-9784	36-4483106			20,680	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) ANTIOCH TRAVELING CLOSET CORPORATIO 624 PONDVIEW DR ANTIOCH IL 60002-8917	82-1113851			144,590	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) ATLANTA COMMUNITY FOOD BANK 3400 N DESERT DR ATLANTA GA 30344-5719	58-1376648			100,518	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **194**

3 Enter total number of other organizations listed in the line 1 table **194**

SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) AURORA EAST EDUCATIONAL FOUNDATION 310 SEMINARY AVE AURORA IL 60505-4768	36-3855338			500,610	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) BAG LADY OUTREACH PO BOX 544 CRETE IL 60417-0544	83-3311615			10,558	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) BARB'S PRECIOUS RESCUE 313 N QUENTIN RD PALATINE IL 60067-4830	46-1938437			12,240	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) BARRINGTON BREAKFAST ROTARY PO BOX 1442 BARRINGTON IL 60011-1442	36-4179261			18,855	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) BARRINGTON GIVING DAY 201 S HOUGH ST BARRINGTON IL 60010-4321	14-1977445			171,731	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) BELKNAP MINISTRIES, INC. DBA INSPIR 2019 N MASTERS DR DALLAS TX 75217-3148	45-2810447			1,432,367	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) BERNIE'S BOOK BANK 917 N SHORE DR LAKE BLUFF IL 60044-2201	27-0914453			111,912	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) BETHANY HOUSE OF HOSPITALITY 5121 S UNIVERSITY AVE CHICAGO IL 60615-3907	82-1895858			8,159	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) BIG BROTHERS BIG SISTERS, METRO CHI 1801 SHERIDAN RD NORTH CHICAGO IL 60064-2237	36-2681212			35,165	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) BLACK MEN UNITED 4255 W DIVISION ST CHICAGO IL 60651-1702	85-3050761			2,901,001	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) BLACK'S ACADEMY OF EXCELLENCE NFP 43055 N DELANY RD ZION IL 60099-9664	84-2857863			11,649	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) BLUE STAR FAMILIES INC 713 WESTSHORE DR SHOREWOOD IL 60404	80-0369895			12,823	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) BOUNCE CHILDREN'S FOUNDATION 255 BIRCHWOOD AVE DEERFIELD IL 60015-4772	47-4495431			27,135	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) BOYS & GIRLS CLUBS OF THE NORTHWEST 20 S GROVE ST CARPENTERSVILLE IL 60110-2640	36-4184937			152,356	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) BRAVEHEART CHILDREN'S ADVOCACY CENT 292 S EAST RD STE A CAMBRIDGE IL 61238-1233	36-4361499			15,830	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) BREAKFAST WITH BABY /OUR SAVIOR LUT 1244 W ARMY TRAIL RD CAROL STREAM IL 60188-9000	43-0658188			47,426	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) BRIGHTBIRTHDAYS, INC. 967 N VENTURA DR PALATINE IL 60074-3734	86-1852130			10,355	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) BROWN BEAR DAYCARE AND LEARNING CEN 21007 MCGUIRE RD HARVARD IL 60033-8358	36-4345259			16,887	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) CAMP FOR ALL KIDS 818 E 63RD ST CHICAGO IL 60637-3518	43-1739511			6,521	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) CASA ESPERANZA PROJECT 8801 S SAGINAW AVE CHICAGO IL 60617-2427	36-3909531			76,903	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) CASA LAKE COUNTY INC 700 FOREST EDGE DR VERNON HILLS IL 60061-3172	36-3916143			15,154	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) CATHOLIC CHARITIES OF FAIRFIELD COU 238 JEWETT AVENUE BRIDGEPORT CT 06606-2892	06-0653053			17,000	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) CATHOLIC CHARITIES OF THE ARCHDIOCE 450 KELLER AVE WAUKEGAN IL 60085-5030	53-0196617			17,913	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) CHATTANOOGA AREA FOOD BANK 2009 CURTAIN POLE RD CHATTANOOGA TN 37406-2306	62-0867645			24,004	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) CHICAGO MABUHAY CENTENNIAL LIONS CL 7525 W ARGYLE ST HARWOOD HTS IL 60706	82-2272425			22,833	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) CHICAGO REFUGEE COALITION 360 W HUBBARD ST CHICAGO IL 60654-5742	83-0977387			10,926	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) CHICAGO URBAN MINISTRIES AND LIFE I 222 KENILWORTH AVE KENILWORTH IL 60043-1243	26-4445838			43,693	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) CHILDREN FIRST FUND 200 W MADISON ST FL 2 CHICAGO IL 60606-3414	36-4094830			478,000	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) CHILDREN'S HUNGER FUND 13931 BALBOA BLVD RANCHO CASCADES CA 91342-1084	95-4335462			3,706,420	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) CHINESE MUTUAL AID ASSOCIATION 164 DIVISION ST STE 305 ELGIN IL 60120-5528	36-3139799			36,778	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) CHRIST CHURCH WINNETKA 470 MAPLE ST WINNETKA IL 60093-2652	36-2177136			10,404	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) CITY MOTIVATORS 803 E 61ST ST STE 126 CHICAGO IL 60637-7337	85-0549851			14,536	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) CITY OF REFUGE - CHICAGO 1421 S BARRINGTON RD BARRINGTON IL 60010-5205	82-3834041			80,286	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) CITYLINE BIBLE CHURCH 7333 N CALDWELL AVE NILES IL 60714-4503	84-1945773			17,383	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) COLLEGE OF LAKE COUNTY 19351 W WASHINGTON ST GRAYSLAKE IL 60030-1148	36-2648760			76,660	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) COMMON GROUND COMMUNITY RESCUE NETW 312 CONGDON AVE ELGIN IL 60120-2402	85-1451082			88,727	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) COMMUNITY CENTER CHRISTIAN MINISTRI 375 NORTH DR SOUTH ELGIN IL 60177-2516	30-1261720			11,258	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) COMMUNITY FOODBANK OF NJ 31 EVANS TERMINAL HILLSIDE NJ 07205	22-2423882			45,316	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) CONNECTIONS FOR THE HOMELESS 2121 DEWEY AVE EVANSTON IL 60201-3057	36-3346917			5,769	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) DEBORAH'S PLACE 2822 W JACKSON BLVD CHICAGO IL 60612-3653	36-3382973			10,845	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) DEERFIELD MONTESSORI SCHOOL 3140 RIVERWOODS RD RIVERWOODS IL 60015-1669	36-2601234			10,931	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) DES PLAINES JUNIOR WARRIORS FOOTBAL 1467 E WALNUT AVE DES PLAINES IL 60016-6621	83-3472169			5,804	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) DIGS WITH DIGNITY 1634 W 37TH PL CHICAGO IL 60609-2105	84-3126442			8,073	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) EDWARDS HOUSING INCORPORATED 2000 E LAMAR BLVD STE 600 ARLINGTON TX 76006-7361	85-1650554			9,908	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) ENLACE CHICAGO 2759 S HARDING AVE CHICAGO IL 60623-4408	36-3727669			70,891	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) EQUAL HOPE 300 S ASHLAND AVE STE 202 CHICAGO IL 60607-3848	26-2264895			10,940	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) EVERYMOM CHICAGO 5203 S DORCHESTER AVE CHICAGO IL 60615-4107	86-2650067			18,044	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) FAMILIES HELPING FAMILIES CHICAGOLA 4960 PRAIRIE OAK RD GURNEE IL 60031-1941	81-1518108			9,554	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) FAMILY FIRST CENTER OF LAKE COUNTY 2504 WASHINGTON ST STE 603 WAUKEGAN IL 60085-4984	61-1471045			33,919	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) FELLOWSHIP BIBLE CHURCH 122 MORRIS ST JOLIET IL 60436-1229	80-0875314			31,961	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) FIGHT2FEED 825 S WAUKEGAN RD # 175A8 LAKE FOREST IL 60045-2696	46-4963962			66,144	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) FILL A HEART 4 KIDS 400 E ILLINOIS RD LAKE FOREST IL 60045-2355	47-3442522			224,625	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) FIRST LUTHERAN CHURCH OF THE TRINIT 643 W 31ST ST CHICAGO IL 60616-3069	41-1568278			5,361	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) FIRST PRESBYTERIAN CHURCH 600 9TH ST WILMETTE IL 60091-2716	23-6393377			19,110	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

Part I General Information on Grants and Assistance

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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) FIRST STEP DAY CARE CENTER 620 LOGAN AVE BELVIDERE IL 61008-4427	36-2740242			9,198	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) FITMS NEUROBALANCE CENTER 1529 S GROVE AVE BARRINGTON IL 60010-5211	27-3849152			8,629	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) FOOD BANK OF NORTHERN NEVADA 550 ITALY DR SPARKS NV 89437-5400	94-2924979			24,400	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) FRIENDS OF THE HIGHWOOD PUBLIC LIBR 102 HIGHWOOD AVE HIGHWOOD IL 60040-1520	83-4409594			7,889	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) FUREVER HOME DOG SANCTUARY 1630 PORTAGE PASS DEERFIELD IL 60015-1814	88-0543157			5,929	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) GOOD NEIGHBORS NETWORK 415 W GOLF RD STE 57 ARLINGTON HEIGHTS IL 60005-3923	87-3510692			86,347	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) GOODRICH PARENT TEACHER ORGANIZATIO 3450 HOBSON RD WOODRIDGE IL 60517-5411	46-1397444			13,964	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) GOODWILL KEYSTONE AREA 1150 GOODWILL DRIVE HARRISBURG PA 17101	23-1365338			379,998	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) GRACE LUTHERAN CHURCH LIBERTYVILLE 501 VALLEY PARK DR LIBERTYVILLE IL 60048-3416	36-3008308			41,198	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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(1) GRAFTON FOOD PANTRYGRAFTONFOODPANTR 11481 ALLISON CT HUNTLEY IL 60142-9621	74-3189566			48,089	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) GRANDPARENTS AND KIN 33 N COUNTY ST STE 403C WAUKEGAN IL 60085-4321	82-4942523			20,585	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) GRATITUDE GENERATION 940 IVY LN APT C DEERFIELD IL 60015-2228	82-3849004			84,697	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) GREAT LAKES ADAPTIVE SPORTS ASSOCIA 27864 IRMA LEE CIR STE 101 LAKE FOREST IL 60045-5114	36-4285965			5,359	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO IL 60632-2692	36-2971864			240,472	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) H.O.P.E. PROJECT INC 200 W COUNTRY WALK DR ROUND LAKE BEACH IL 60073-4009	88-3919722			12,979	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) HABITAT FOR HUMANITY OF THE CHARLOT 121 NORMAN STATION BLVD MOORESVILLE NC 28117	56-1366233			23,331	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) HABITAT FOR HUMANITY OF THE LEHIGH 245 N GRAHAM ST ALLENTOWN PA 18109-2191	23-2544326			27,050	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) HANDS OF HOPE 511 OAK LEAF CT STE A JOLIET IL 60436-1030	26-0643414			332,779	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

Part I General Information on Grants and Assistance

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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.

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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) HAVE A HEART RESCUE 114 E MISSISSIPPI AVE ELWOOD IL 60421-6161	20-8697246			6,599	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) HAVEN HOUSE 1411 UNION BLVD ALLENTOWN PA 18109-1505	23-1941559			13,499	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) HEARTLAND ANIMAL SHELTER 2975 MILWAUKEE AVE NORTHBROOK IL 60062-7117	16-1617345			18,214	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) HEBREW THEOLOGICAL COLLEGE 7135 CARPENTER RD SKOKIE IL 60077-3248	36-2167095			48,866	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) HELP FROM USA TO BIH INC. 9269 N COURTLAND DR NILES IL 60714-1327	88-3836540			805,654	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) HELPING HEARTS FOR ANIMALS FOUNDATI 307 E CHERRY COVE LN ROUND LAKE BEACH IL 60073-4809	83-4053602			29,964	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) HOLY CROSS CATHOLIC CHURCH - DEERFI 724 ELDER LN RM 13 DEERFIELD IL 60015-3149	36-2430686			11,138	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) HOLY CROSS LUTHERAN CHURCH 1151 N SAINT MARYS RD LIBERTYVILLE IL 60048-1641	36-3106864			5,881	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) HOPEFUL BEGINNINGS OF ST MARY'S 510 N PLUM GROVE RD PALATINE IL 60067-3522	36-2157889			31,489	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) HORNET AGE GROUP SWIM CLUB 413 CARRIAGE HILL RD NAPERVILLE IL 60565-2618	39-1992814			8,700	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) HUNGER RESOURCE NETWORK 3025 WALTERS AVE NORTHBROOK IL 60062-4370	27-0313184			5,776	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) I'VE BEEN MENDED INC. 104 E ZARLEY BLVD REAR ENTRANCE JOLIET IL 60433-2949	83-4056143			65,881	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) IEMPOWER 346 E LAKE PARK AVE ROUND LAKE BEACH IL 60073-2790	93-1964328			31,543	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) ILLINOIS JAYCEE CHARITABLE FOUNDATI 16046 GOLFVIEW DR LOCKPORT IL 60441-4660	37-1132894			107,377	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) IMMANUEL CHURCH 2300 N DILLEYS RD GURNEE IL 60031-1002	36-2276986			25,654	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) IMMANUEL LUTHERAN CHURCH 200 N PLUM GROVE RD PALATINE IL 60067-5233	36-2358087			15,960	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) IN HIS HANDS RESOURCE CENTER INC. 1200 RING RD UNIT 2374 CALUMET CITY IL 60409-7261	85-0638311			43,909	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) INELLAS RESTORATION CENTER 7627 LAKE ST STE 206 PMB RIVER FOREST IL 60305-1878	84-2342173			8,472	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

Part I General Information on Grants and Assistance

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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.

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(1) JIMMY BANKS ACADEMY, INC. 2847 N 49TH ST MILWAUKEE WI 53210-1652	84-1801722			5,369	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) JOYCE KILMER PTO 655 GOLFVIEW TER BUFFALO GROVE IL 60089-3536	36-3782846			19,915	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) JP WOOD FOUNDATION 145 S QUENTIN RD PALATINE IL 60067-5940	02-0738745			7,916	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) KALEIDOSCOPE SCHOOL OF FINE ART 316 W MAIN ST BARRINGTON IL 60010-3012	46-4157721			7,035	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) KEEPING FAMILIES COVERED 3250B N OAK GROVE AVE WAUKEGAN IL 60087-1825	27-3434770			16,116	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) KIDS ABOVE ALL 8765 W HIGGINS RD STE 450 CHICAGO IL 60631-4172	36-2171716			9,041	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) LAKE FOREST HIGH SCHOOL ASSOCIATION 1285 N MCKINLEY RD LAKE FOREST IL 60045-1371	36-3978868			6,410	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) LAKEVIEW PANTRY 3945 N SHERIDAN RD CHICAGO IL 60613-2936	36-2734184			28,125	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) LEND A HAND 2338 W MORSE AVE CHICAGO IL 60645-4767	81-1138676			8,015	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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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.

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(1) LIFE QUILT FOUNDATION 1335 S PRAIRIE AVE UNIT 2002 CHICAGO IL 60605-3435	27-3621437			7,257	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) LOAVES & FISHES COMMUNITY SERVICES 1871 HIGH GROVE LN NAPERVILLE IL 60540-3931	36-3786777			47,946	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) LOVE AND PROTECT WISDOM 2337 W WARREN BLVD CHICAGO IL 60612-2379	93-3225409			87,328	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) LUGGAGE FOR FREEDOM - NATIONAL COUN 5 REVERE DR STE 200 NORTHBROOK IL 60062-8000	23-7152372			20,930	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) LUNCH BOX OF LOVE 1223 E CORPORATE DR STE H ARLINGTON TX 76006	82-2317376			22,675	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) LUTHERAN CHURCH CHARITIES 3020 MILWAUKEE AVE NORTHBROOK IL 60062-7120	36-2212704			18,621	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) MAOT CHITIM OF GREATER CHICAGO 3710 COMMERCIAL AVE STE 7 NORTHBROOK IL 60062-1843	36-3398501			7,246	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) MARYVILLE ACADEMY 1455 N. RIVER ROAD DES PLAINES IL 60016	36-2170873			12,459	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) MEN MAKING A DIFFERENCE 1543 S HOMAN AVE CHICAGO IL 60623-2153	47-3061651			30,128	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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Name of the organization
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Employer identification number
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Part I General Information on Grants and Assistance

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1) MERCY HOUSE COMMUNITY CENTER 1249 S. 111TH AVE CASHION AZ 85329	35-2575279			43,223	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) MOTHERS MILK BANK OF THE WESTERN GR 560 BONNIE LN ELK GROVE VILLAGE IL 60007-1910	45-3994836			8,502	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) MOTHERS TRUST FOUNDATION 400 E ILLINOIS RD LAKE FOREST IL 60045-2355	36-4177726			61,940	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) MOTHERS/MEN AGAINST SENSELESS KILLI PO BOX 368755 CHICAGO IL 60636-8755	81-3209025			54,576	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) MUNDELEIN CITIZENS POLICE ACADEMY A 221 N LAKE ST MUNDELEIN IL 60060-2205	20-5340356			50,933	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) MY JOYFUL HEART 9981 W 190TH ST STE I MOKENA IL 60448-5613	32-0118912			109,147	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) MY PATH MY PURPOSE INC. 16260 LOUIS AVE UNIT 1424 SOUTH HOLLAND IL 60473-5281	85-1321953			13,763	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) NELLIE WATSON-COOPER FOUNDATION 7232 S DAMEN AVE CHICAGO IL 60636-3719	82-1930005			52,179	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) NEPALESE AID 1020 W BRYN MAWR AVE # 109 CHICAGO IL 60660-4627	87-2415729			9,338	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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Employer identification number

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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) NEW COMMUNITY OUTREACH 3627 S COTTAGE GROVE AVE CHICAGO IL 60653-1585	82-3088298			6,167	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) NEW TRIER TOWNSHIP 739 ELM ST WINNETKA IL 60093-2524	36-4089977			32,276	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) NICASA 31979 N FISH LAKE RD ROUND LAKE IL 60073-9517	36-2605412			7,784	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) NILES TOWNSHIP GOVERNMENT FOOD PANT 8341 LOCKWOOD AVE SKOKIE IL 60077	38-3776260			168,175	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) NORTHERN ILLINOIS FOOD BANK 273 DEARBORN CT GENEVA IL 60134-3587	36-3203648			92,646	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) NORTHERN ILLINOIS RECOVERY COMMUNIT 202 S GENESEE ST STE 202 WAUKEGAN IL 60085-6543	84-2351772			9,819	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) ORCHARD VILLAGE 7660 GROSS POINT RD SKOKIE IL 60077-2613	36-2773481			87,733	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) OTHER				3,179,699	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) OUR HOUSE OF HOPE, INC. 1840 INDUSTRIAL DR STE 330 LIBERTYVILLE IL 60048-9412	26-0152349			46,665	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) OUTREACH CHICAGO 6002 S HALSTED ST CHICAGO IL 60621-2107	27-1694089			9,496	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) PALATINE ASSISTING THROUGH HOPE 1585 N RAND RD PALATINE IL 60074-2919	20-5590923			7,898	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) PALATINE TOWNSHIP SENIOR CENTER 505 S QUENTIN RD PALATINE IL 60067-5948	38-2781764			20,741	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) PLATO ACADEMY 915 LEE ST DES PLAINES IL 60016-6545	36-4246600			80,552	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) PORCHLIGHT FOUNDATION TOO 4222 W MADISON ST CHICAGO IL 60624-0542	85-1626207			10,403	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) PORTER COUNTY AGING AND COMMUNITY S PORTER COUNTY AGING AND COMMUNITY S VALPARAISO IN 46385-4262	35-1296781			304,465	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) REACH RESCUE INC. 372 TOWNLINE RD MUNDELEIN IL 60060-4225	45-3207671			42,662	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) REFUGEEONE 6008 N CALIFORNIA AVE CHICAGO IL 60659-3916	36-3817743			18,471	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) RESCUE OUR CHILDREN ORGAN 4 N BARTLETT RD STREAMWOOD IL 60107-1077	47-4069447			6,438	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) RESCUE PACK 410 KIMBERLY DR CAROL STREAM IL 60188-1804	81-1738093			91,265	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) REVIVEE 135 N GREENLEAF ST STE 210 GURNEE IL 60031-3371	99-4386747			7,671	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) ROBERTI COMMUNITY HOUSE 919 8TH ST WAUKEGAN IL 60085-7301	47-2348102			18,315	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) ROSALIND FRANKLIN ICC 3471 GREEN BAY ROAD NORTH CHICAGO IL 60064	77-0691998			24,183	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) ROSALIND FRANKLIN UNIVERSITY OF MED 3471 GREEN BAY ROAD NORTH CHICAGO IL 60064	36-2181973			38,562	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) ROSENTHAL FAMILY FOUNDATION 394 ROGER WILLIAMS AVE HIGHLAND PARK IL 60035-4744	99-4728011			65,081	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) ROTARY CLUB OF BUFFALO GROVE PO BOX 5062 BUFFALO GROVE IL 60089-5062	36-3653525			13,550	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) SALT/SERVICE AND LEARNING TOGETHER 1215 NORTH AVE HIGHLAND PARK IL 60035-1031	87-1770571			105,594	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) SALVATION ARMY METROPOLITAN DIVISIO 800 W LAWRENCE AVE CHICAGO IL 60640-4213	36-2167910			56,328	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) SANDY'S STOCKING 1124 WHITE PINE TRL PINGREE GROVE IL 60140-9111	85-4251049			19,073	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) SATISFEED 1610 LAKE LOUELLA ROAD SUWANEE GA 30024	83-1102691			26,250	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) SECOND CITY CANINE RESCUE 570 N SMITH ST PALATINE IL 60067-2446	45-3336498			8,352	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) SECOND HARVEST FOOD BANK OF THE LEH 6969 SILVER CREST RD NAZARETH PA 18064-9747	23-1669589			8,564	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) SISTAHS S.T.R.O.N.G. INC. 20108 LAKE PARK DR LYNWOOD IL 60411-1551	32-0106710			134,192	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) SOCIETY OF ST. VINCENT DEPAUL 12731 WOOD ST BLUE ISLAND IL 60406-2232	36-3195567			19,128	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) SOUTHSIDE YMCA OF METROPOLITAN CHIC 6330 S STONY ISLAND AVE CHICAGO IL 60637-3773	36-2179782			8,913	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) SPECIAL GIFTS THEATRE PO BOX 2231 NORTHBROOK IL 60065-2231	36-4353916			6,976	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) SPECIAL LEISURE SERVICES FOUNDATION 3000 CENTRAL RD STE 205 ROLLING MEADOWS IL 60008-2551	36-3145710			20,943	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) ST. JAMES PARISH 820 N ARLINGTON HEIGHTS RD ARLINGTON HEIGHTS IL 60004-5666	36-6008372			21,009	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) START EARLY/EDUCARE CHICAGO 5044 S WABASH AVE CHICAGO IL 60615-2117	36-3186328			70,325	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) STEVENSON HIGH SCHOOL FOUNDATION 2 STEVENSON DR LINCOLNSHIRE IL 60069-2824	36-3963828			67,506	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) SUPPORT OVER STIGMA, INC. 1520 S 7TH AVE ST CHARLES IL 60174-4332	85-2200096			13,865	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) TASTE FOR THE HOMELESS 14509 S LA SALLE ST RIVERDALE IL 60827-2726	84-2291513			43,022	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) THE ARK 6450 N CALIFORNIA AVE CHICAGO IL 60645-5209	23-7164967			37,522	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) THE BLESSED CHILD 10736 S MICHIGAN AVE CHICAGO IL 60628-3510	87-0788778			11,610	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) THE CHAPEL PALATINE PANTRY 431 N QUENTIN RD PALATINE IL 60067-4832	36-3963071			29,977	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) THE GRACE NETWORK 2005 PRAIRIE ST GLENVIEW IL 60025-2824	88-1206758			29,893	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) THE JOY DROP COLLECTIVE 217 W PALATINE RD APT B PALATINE IL 60067-5163	93-1692957			27,524	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) THE KINDNESS CLOSET, INC. 532 PATTERSON AVE STE 130 MOORESVILLE NC 28115-2175	84-2336402			6,214	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) THE KINGDOM ADVANCEMENT CENTER INC 378 DIVISION ST ELGIN IL 60120-5641	45-4789073			33,443	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) THE OPEN ARM FOUNDATION 12649 S ASHLAND AVE CALUMET PARK IL 60827-6015	26-0511705			5,505	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) THE PURSEVERANCE NETWORK 14526 S EDBROOKE AVE RIVERDALE IL 60827-2821	83-3057209			6,028	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) THE SALVATION ARMY HARBOR LIGHT 825 N CHRISTIANA AVE CHICAGO IL 60651-4110	36-2167909			15,598	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) THE WELL OF MERCY 6339 N FAIRFIELD AVE CHICAGO IL 60659-1705	27-1949971			234,960	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) THIRD STREET COMMUNITY CENTER 160 N 3RD ST SAN JOSE CA 95112-5542	77-0461577			10,200	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) THREE SQUARE 4190 N PECOS RD LAS VEGAS NV 89115-0187	30-0396918			572,950	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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) TOWNSHIP OF SCHAUMBURG FOOD PANTRY 1 ILLINOIS BLVD HOFFMAN ESTATES IL 60169-3314	46-1004727			47,689	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) TRINITY RESURRECTION UNITED CHURCH 9046 S MACKINAW AVE CHICAGO IL 60617-4437	36-3696950			50,015	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) UNITED WAY OF LAKE COUNTY 330 S GREENLEAF ST GURNEE IL 60031-3389	36-2167949			6,902	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) UNITED WE STAND AS ONE 6242 S MULLIGAN AVE CHICAGO IL 60638-4231	87-3892644			32,604	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) VALLEY COMMUNITY PANTRY 305 E DEVONSHIRE AVE HEMET CA 92543-2905	93-1041187			469,809	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) WAUKEGAN COMMUNITY UNIT SCHOOL DIST 1201 N SHERIDAN RD WAUKEGAN IL 60085-2081	36-3444790			500,000	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7) WEST DEERFIELD TOWNSHIP FOOD PANTRY 601 DEERFIELD RD DEERFIELD IL 60015-3217	30-0148360			29,314	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(8) WEST SUBURBAN COMMUNITY PANTRY 6809 HOBSON VALLEY DR STE 118 WOODRIDGE IL 60517-1450	36-3857072			12,099	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(9) WESTSIDE SERVICE CONNECTOR DBA/ THE 38 N AUSTIN BLVD OAK PARK IL 60302-4305	93-2895918			15,125	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE

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)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GIVE N KIND

Employer identification number
46-1191706

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) WHEELING HELPING HANDS 121 MOCKINGBIRD LN WHEELING IL 60090-3939	81-2482786			79,092	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(2) WINGS PROGRAM, INC PO BOX 95615 PALATINE IL 60095-0615	36-3456061			47,620	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(3) YOUNG LIFE - YOUNGLIVES 420 N CASCADE AVE COLORADO SPRINGS CO 80903-3325	84-0385934			21,849	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(4) YOUTH & FAMILY COUNSELING 1113 S MILWAUKEE AVE STE 104 LIBERTYVILLE IL 60048-3759	36-6148486			6,222	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(5) YWCA METROPOLITAN CHICAGO 1425 TRI STATE PKWY STE 180 GURNEE IL 60031-9121	36-2179765			140,533	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(6) ZACHARIAS SEXUAL ABUSE CENTER 4275 OLD GRAND AVE GURNEE IL 60031-2735	36-3314976			9,623	FMV	GENERAL SUPPORT	COMMUNITY ASSISTANCE
(7)							
(8)							
(9)							

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

Part I Types of Property

		(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	X		6,369,649	
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	X	1	2,262,000	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (OTHER SUPPLIES)	X	1	13,562,837	
26	Other (INVENTORY)	X	1	2,953,624	
27	Other ( )				
28	Other ( )				

			Yes	No
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 Acknowledgment	29		
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?	30a		X
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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
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.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also, complete this part for any additional information.

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GIVE N KIND

Employer identification number
46-1191706

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.

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FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT
GIVENKIND STRENGTHENS NONPROFIT PROGRAMS BY SUPPLYING ESSENTIAL DONATED GOODS THAT HELP REMOVE EVERYDAY BARRIERS TO SUCCESS. THE ORGANIZATION RESCUES SURPLUS, OVERSTOCKED, OUT-OF-SEASON, AND CLOSE-DATED PRODUCTS FROM BUSINESSES ACROSS THE UNITED STATES AND REDISTRIBUTES THEM TO QUALIFIED 501(C)(3) NONPROFIT ORGANIZATIONS. BY ENSURING ACCESS TO BASIC NECESSITIES, GIVENKIND ENABLES NONPROFITS TO DELIVER MORE EFFECTIVE SERVICES AND IMPROVE OUTCOMES FOR THE INDIVIDUALS AND FAMILIES THEY SERVE.

IN 2025, GIVENKIND DISTRIBUTED $19.24 MILLION IN DONATED PRODUCTS TO 307 NONPROFIT PARTNERS AND FULFILLED 3,535 RESOURCE REQUESTS. THESE GOODS SUPPORTED A WIDE RANGE OF NONPROFIT PROGRAMS, INCLUDING EDUCATION AND JOB TRAINING, CHILD CARE, COUNSELING, HEALTHCARE, HOMELESSNESS AND HUNGER SERVICES, ARTS AND CULTURE, AND ANIMAL WELFARE. ACCESS TO ESSENTIAL ITEMS—SUCH AS CLOTHING, FOOD, PERSONAL CARE PRODUCTS, AND HOUSEHOLD GOODS—ALLOWED NONPROFIT PARTNERS TO ADDRESS IMMEDIATE NEEDS SO PARTICIPANTS COULD MORE FULLY ENGAGE IN PROGRAMMING AND MOVE TOWARD LONG-TERM STABILITY.

GIVENKIND'S WORK ALSO ADVANCES ENVIRONMENTAL SUSTAINABILITY BY REDIRECTING USABLE PRODUCTS AWAY FROM LANDFILLS AND INTO COMMUNITY USE. THROUGH ITS REDISTRIBUTION MODEL, THE ORGANIZATION PROVIDES COMPANIES WITH A SOCIALLY RESPONSIBLE SOLUTION FOR DONATING EXCESS INVENTORY WHILE MAXIMIZING THE COMMUNITY IMPACT OF THOSE GOODS.

IN 2025, GIVENKIND EXPANDED ACCESS TO RESOURCES THROUGH TWO NEW INITIATIVES. THE GIVENKIND GIVING CIRCLE RAISED $10,000 TO PROVIDE NONPROFITS WITH GIFT CARDS FOR ESSENTIAL PRODUCTS, LEVERAGING EACH DONATED DOLLAR INTO MORE THAN $24 IN GOODS. ADDITIONALLY, GIVENKIND OPENED A SATELLITE LOCATION IN BRIDGEPORT, ILLINOIS, INCREASING ACCESS FOR NONPROFITS SERVING CHICAGO'S SOUTH AND WEST SIDES. AS A NONPROFIT SERVING NONPROFITS, GIVENKIND CONTINUES TO AMPLIFY THE IMPACT OF COMMUNITY ORGANIZATIONS BY ENSURING THE RIGHT RESOURCES REACH THOSE WHO NEED THEM MOST.

SCHEDULE O (Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GIVE N KIND

Employer identification number

46-1191706

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	**$ 5,401**
DIRECT EVENTS EXPENSE	**$ -5,401**