

**** PUBLIC DISCLOSURE COPY ****
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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.

2024

Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GIFT OF ADOPTION FUND, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1200 SHERMER RD 111 City or town, state or province, country, and ZIP or foreign postal code NORTHBROOK, IL 60062 F Name and address of principal officer: PAM DEVEREUX SAME AS C ABOVE	D Employer identification number 39-1863217 E Telephone number 847-205-2784 G Gross receipts \$ 6,233,307. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.GIFTOFADOPTION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1996 M State of legal domicile: WI

Part I Summary

1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3		22
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		22
5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5		11
6	Total number of volunteers (estimate if necessary)	6		300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
		Prior Year		Current Year
8	Contributions and grants (Part VIII, line 1h)	3,643,161.		3,937,700.
9	Program service revenue (Part VIII, line 2g)	48,400.		50,508.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,960.		217,267.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	424,677.		502,977.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,239,198.		4,708,452.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,695,772.		3,005,655.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.		0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,000,151.		1,095,620.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.
b	Total fundraising expenses (Part IX, column (D), line 25)	370,370.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	304,931.		299,821.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,000,854.		4,401,096.
19	Revenue less expenses. Subtract line 18 from line 12	238,344.		307,356.
		Beginning of Current Year		End of Year
20	Total assets (Part X, line 16)	4,583,695.		5,122,432.
21	Total liabilities (Part X, line 26)	1,520,246.		1,689,798.
22	Net assets or fund balances. Subtract line 21 from line 20	3,063,449.		3,432,634.

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 PAM DEVEREUX, CHIEF EXECUTIVE OFFICER	Date	
Preparer	Preparer's name KENNETH L. TORNHEIM	Preparer's signature KENNETH L. TORNHEIM	Date 05/27/25
Use Only	Firm's name OSTROW REISIN BERK & ABRAMS, LTD.	Firm's EIN 36-2938874	Check if self-employed <input type="checkbox"/> PTIN P00079651
	Firm's address 455 N CITYFRONT PLAZA DR, SUITE 1600 CHICAGO, IL 60611	Phone no. 312-670-7444	

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