

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2015**  
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **APR 1, 2015** and ending **MAR 31, 2016**

<b>B</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	<b>C</b> Name of organization <b>THE FAMILY GIVING TREE</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>606 VALLEY WAY</b> City or town, state or province, country, and ZIP or foreign postal code <b>MILPITAS, CA 95035</b> <b>F</b> Name and address of principal officer: <b>JENNIFER PIETRASIK</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>77-0284682</b> <b>E</b> Telephone number <b>4089463111</b> <b>G</b> Gross receipts \$ <b>5,537,596.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>FAMILYGIVINGTREE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1991</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>FULFILL THE WISHES OF CHILDREN IN NEED WHILE INSPIRING PHILANTHROPY, KINDNESS, AND VOLUNTEERISM</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>10</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b>	<b>29</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>7738</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>6,029,761.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,833.</b>	<b>2,335.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>0.</b>	<b>0.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,040,594.</b>	<b>5,537,596.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,056,821.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,141,390.</b>	<b>1,332,944.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>269,773.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>698,305.</b>	<b>656,090.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>5,896,516.</b>	<b>5,326,997.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>144,078.</b>	<b>210,599.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>1,477,140.</b>	<b>End of Year</b> <b>1,661,616.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>257,029.</b>	<b>238,350.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>1,220,111.</b>	<b>1,423,266.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>JESS GUTIERREZ, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>ROBERT A. LEE</b>	Preparer's signature  Date  Check if self-employed <input type="checkbox"/> PTIN <b>P00156212</b>
	Firm's name ▶ <b>ROBERT LEE &amp; ASSOCIATES, LLP</b> Firm's address ▶ <b>226 AIRPORT PARKWAY</b> <b>SAN JOSE, CA 95110</b>	Firm's EIN ▶ <b>27-1155496</b> Phone no. <b>408-855-6770</b>

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 [X]

1 Briefly describe the organization's mission: ESTABLISHED IN 1990, THE FAMILY GIVING TREE IS A NONPROFIT PUBLIC BENEFIT ORGANIZATION STEADFASTLY COMMITTED TO BRINGING HOPE AND JOY TO CHILDREN AND INDIVIDUALS LIVING BELOW THE FEDERAL POVERTY LINE PRIMARILY IN THE BAY AREA. SEE SCHEDULE 0 ATTACHED. IN SUPPORT OF THE

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 [X] 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 [X] 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 \$ 2,604,249. including grants of \$ 1,953,681. ) (Revenue \$ ) HOLIDAY WISH PROGRAM - SINCE ITS FOUNDING IN 1990, THE ORGANIZATION HAS HELD A BELIEF THAT NO CHILD SHOULD FEEL FORGOTTEN DURING THE HOLIDAYS. DELIVERING A WISHED-FOR GIFT TO A CHILD BRINGS THAT INDIVIDUAL JOY AND HOPE AND DELIVERS THE PRICELESS MESSAGE, "YOU MATTER YOU HAVE VALUE." THE ORGANIZATION WORKS WITH MORE THAN 370 SOCIAL SERVICES AGENCIES (HOMELESS SHELTERS, COMMUNITY CENTERS, REHABILITATION HOUSES AND VARIOUS NONPROFIT ORGANIZATIONS) AND SCHOOLS TO SUPPORT ITS HOLIDAY WISH DRIVE. THESE AGENCIES AND SCHOOLS SUPPLY THE ORGANIZATION WITH THE NAMES AND SPECIFIC WISH OF THE CHILDREN AND INDIVIDUALS THEY SERVE YEAR-ROUND. A WISH CARD IS PRINTED FOR EACH CHILD AND INDIVIDUAL, DETAILING AGE, GENDER, FIRST NAME AND SPECIFIC GIFT WISH. THESE WISHES ARE THEN DISTRIBUTED TO MORE THAN 1,100 VOLUNTEER

4b (Code: ) (Expenses \$ 1,866,715. including grants of \$ 1,384,282. ) (Revenue \$ ) BACK TO SCHOOL DRIVE - THE ORGANIZATION ALSO HOLDS THE CONVICTION THAT EDUCATION IS THE MOST EFFECTIVE PATH OUT OF POVERTY, AND ACCORDING TO THE US CENSUS BUREAU, ALMOST ONE OUT OF EVERY FOUR CALIFORNIA CHILDREN ARE CURRENTLY LIVING BELOW THE FEDERAL POVERTY LINE. TOO OFTEN, THESE CHILDREN ARRIVE TO SCHOOL WITHOUT THE MOST BASIC SCHOOL SUPPLIES AND EDUCATIONAL TOOLS REQUIRED FOR LEARNING. THE ORGANIZATION'S BACK-TO-SCHOOL DRIVE AIMS TO CLOSE THE EDUCATIONAL GAP FOR STUDENTS LIVING IN POVERTY, BY PROVIDING BACKPACKS FILLED WITH ESSENTIAL, GRADE APPROPRIATE SCHOOL SUPPLIES. USING A SIMILAR METHOD OF OPERATION, THE ORGANIZATION PROVIDED BACKPACKS FILLED WITH ESSENTIAL, GRADE APPROPRIATE SCHOOL SUPPLIES INCLUDING STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS) SUPPLIES TO APPROXIMATELY 36,700 AND

4c (Code: ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ )

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,470,964.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> 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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

**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 in Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	10	
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	1b	9	
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, OR, WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in 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: **JESS R. GUTIERREZ, CFO - (408)946-3111**  
**606 VALLEY WAY, MILPITAS, CA 95035**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) TODD YOSHIDA CHAIR	2.00	X		X				0.	0.	0.
(2) EILZABETH LUNA VICE CHAIR	2.00	X		X				0.	0.	0.
(3) WILLIAM CILKER TREASURER	2.00	X		X				0.	0.	0.
(4) LARRY SACKS SECRETARY	2.00	X		X				0.	0.	0.
(5) JENNIFER CULLENBINE-PIETRASIK EXECUTIVE DIRECTOR	40.00	X		X			150,962.	0.	10,390.	
(6) JOYCE ALLEGRO DIRECTOR	2.00	X					0.	0.	0.	
(7) DAN BURKE DIRECTOR	2.00	X					0.	0.	0.	
(8) CARIN DEGROFF DIRECTOR	2.00	X					0.	0.	0.	
(9) DELORES MARQUEZ DIRECTOR	2.00	X					0.	0.	0.	
(10) NATALIE WYMER DIRECTOR	2.00	X					0.	0.	0.	
(11) JESS GUTIERREZ CHIEF FINANCIAL OFFICER	21.00			X			46,793.	0.	9,851.	

**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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
<b>1b Sub-total</b> .....							197,755.	0.	20,241.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							197,755.	0.	20,241.	

**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 **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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
NONE		

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



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b> 5,535,261.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	2,674,481.					
	<b>h Total.</b> Add lines 1a-1f .....	▶	5,535,261.				
<b>Program Service Revenue</b>	<b>2 a</b> _____		<b>Business Code</b>				
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		▶				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		▶	1,300.		1,300.	
	<b>4</b> Income from investment of tax-exempt bond proceeds		▶				
	<b>5</b> Royalties .....		▶				
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....			1,035.		
		<b>c</b> Gain or (loss) .....			0.		
		<b>d</b> Net gain or (loss) .....	▶		1,035.		1,035.
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events	▶				
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....		<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities		▶					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory	▶					
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....	▶					
<b>12 Total revenue.</b> See instructions. ....		▶	5,537,596.	0.	0.	2,335.	

**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	3,243,554.	3,243,554.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	94,409.	94,409.		
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	224,000.	112,467.	86,200.	25,333.
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	848,853.	497,255.	238,502.	113,096.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,517.		19,517.	
9 Other employee benefits	154,165.	86,005.	45,185.	22,975.
10 Payroll taxes	86,409.	49,556.	25,470.	11,383.
11 Fees for services (non-employees):				
a Management	14,885.		14,885.	
b Legal	710.		710.	
c Accounting	21,800.		21,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,219.		2,219.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	54,979.	8,820.	14,282.	31,877.
12 Advertising and promotion	202,611.	154,516.	44,184.	3,911.
13 Office expenses	16,798.	12,383.	2,244.	2,171.
14 Information technology	19,115.	14,430.	4,586.	99.
15 Royalties				
16 Occupancy	38,172.	21,806.	11,655.	4,711.
17 Travel	39,348.	21,051.	8,941.	9,356.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,228.	1,347.	11,451.	11,430.
20 Interest	3,914.	3,914.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,362.	18,644.	10,481.	4,237.
23 Insurance	17,112.	9,563.	5,376.	2,173.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>PRINTING</b>	65,696.	64,434.	599.	663.
b <b>PROGRAM &amp; OFFICE SUPPLI</b>	49,817.	30,540.	15,785.	3,492.
c <b>BANK &amp; MERCHANT FEES</b>	28,458.	26,270.	2,188.	
d <b>EVENTS</b>	22,866.			22,866.
e All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>5,326,997.</b>	<b>4,470,964.</b>	<b>586,260.</b>	<b>269,773.</b>
<b>26 Joint costs.</b> 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	711,732.	<b>1</b>	908,066.
	<b>2</b> Savings and temporary cash investments .....	374,805.	<b>2</b>	375,034.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	10,000.	<b>4</b>	21,690.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	39,787.	<b>9</b>	32,192.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 185,898.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 137,130.	58,969.	<b>10c</b> 48,768.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	166,032.	<b>12</b>	156,843.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	115,815.	<b>15</b>	119,023.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,477,140.	<b>16</b>	1,661,616.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	146,064.	<b>17</b>	126,621.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	110,965.	<b>25</b>	111,729.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	257,029.	<b>26</b>	238,350.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	1,220,111.	<b>27</b>	1,361,266.
	<b>28</b> Temporarily restricted net assets .....		<b>28</b>	62,000.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	1,220,111.	<b>33</b>	1,423,266.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,477,140.	<b>34</b>	1,661,616.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,537,596.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,326,997.
3	Revenue less expenses. Subtract line 2 from line 1	3	210,599.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,220,111.
5	Net unrealized gains (losses) on investments	5	-7,444.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,423,266.

**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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		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 in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

<b>Name of the organization</b> <b>THE FAMILY GIVING TREE</b>	<b>Employer identification number</b> <b>77-0284682</b>
--	--

**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 11, 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 or 990-EZ).)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3838133.	4072060.	4376021.	6014911.	5535261.	23836386.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3838133.	4072060.	4376021.	6014911.	5535261.	23836386.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						23836386.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....	3838133.	4072060.	4376021.	6014911.	5535261.	23836386.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	3,090.	2,630.	2,005.	2,059.	1,300.	11,084.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....		804.				804.
<b>11 Total support.</b> Add lines 7 through 10						23848274.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	11,084.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	99.95 %
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	<b>15</b>	98.76 %
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five 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**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** 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 in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in (a) above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> 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? <i>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.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

**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. 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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2012 AMOUNT: \$ 804.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015 Open to Public Inspection

Name of the organization THE FAMILY GIVING TREE Employer identification number 77-0284682

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (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.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register), 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 conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) 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.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 are a 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 programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Temporarily restricted 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		17,928.	17,928.	0.
d Equipment				
e Other		167,970.	119,202.	48,768.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				48,768.

**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) COMMUNITY FOUNDATION FUND	156,843.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	156,843.	

**Part VIII Investments - Program Related.**

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

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

**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) 457 (F) PLAN ASSETS	111,729.
(2) DEPOSITS	7,140.
(3) LOANS RECEIVABLE	154.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	119,023.

**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) 457 (F) PLAN PAYABLE	111,729.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	111,729.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	5,985,532.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-7,444.	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	455,380.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	447,936.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,537,596.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	5,537,596.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	5,782,377.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	455,380.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	455,380.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,326,997.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	5,326,997.

**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:

THE ORGANIZATION FOLLOWS ASC 740, INCOME TAXES, TO ACCOUNT FOR CERTAIN TAX POSITIONS. MANAGEMENT HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENT TO COMPLY WITH PROVISIONS OF THE GUIDANCE.



**SCHEDULE I  
(Form 990)**

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.**

▶ **Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization **THE FAMILY GIVING TREE** Employer identification number **77-0284682**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
A BETTER WAY, INC. 3200 ADELINE ST. BERKELEY, CA 94703	93-1190792	501(C)3	0.	4,014.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
AFRICAN AMERICAN COMMUNITY SERVICE AGENCY - 304 NORTH 6TH STREET - SAN JOSE, CA 95112	94-2494728	501(C)3	0.	803.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALAMEDA COUNTY FOSTER PARENT ASSOCIATION - P.O. BOX 4281 - SAN LEANDRO, CA 94579	23-7334272	501(C)3	0.	6,369.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALAMEDA EDUCATION FOUNDATION PO BOX 1363 ALAMEDA, CA 94501	94-2887769	501(C)3	0.	4,826.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ALAMEDA FAMILY SERVICES 2325 CLEMENT AVE. ALAMEDA, CA 94501	23-7088243	501(C)3	0.	10,570.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALTERNATIVE FAMILY SERVICES, INC 1421 GUERNEVILLE RD STE 218 SANTA ROSA, CA 95403	94-2427088	501(C)3	0.	18,384.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

- 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 ..... ▶ \_\_\_\_\_

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

Schedule I (Form 990) (2015)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALUM ROCK COUNSELING CENTER 777 N. FIRST ST. #444 SAN JOSE, CA 95112	23-7367637	501(C)3	0.	4,014.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALUM ROCK EDUCATIONAL FOUNDATION PO BOX 56178 SAN JOSE, CA 95156	77-0523774	501(C)3	0.	5,736.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ALUM ROCK EDUCATIONAL FOUNDATION PO BOX 56178 SAN JOSE, CA 95156	77-0523774	501(C)3	0.	7,091.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALUM ROCK SCHOOL DISTRICT 2930 GAY AVENUE SAN JOSE, CA 95127	77-0016360	ARSD	0.	53,948.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALUM ROCK UNION ELEMENTARY SCHOOL DISTRICT - 2930 GAY AVENUE - SAN JOSE, CA 95127	77-0016360	ARUESD	0.	131,358.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
AMERICAN INDIAN ALLIANCE 467 SARATOGA AVENUE, SUITE 626 SAN JOSE, CA 95129	77-0475265	501(C)3	0.	10,303.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
AMERICAN INDIAN CHILD RESOURCE CENTER - 522 GRAND AVENUE - OAKLAND, CA 94610	23-7394584	501(C)3	0.	3,746.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
AMERICAN LEGION MAYFAIR POST 791 360 N. WHITE RD. SAN JOSE, CA 95127	94-6101925	501(C)3	0.	4,710.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ANNIE'S FUND - VMC FOUNDATION 2400 MOORPARK AVE., SUITE 207 SAN JOSE, CA 95128	77-0187890	501(C)3	0.	7,225.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTIOCH UNIFIED SCHOOL DISTRICT 510 G STREET ANTIOCH, CA 94509	86-1134505	AUSD	0.	5,462.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ARISE HIGH SCHOOL 3301 EAST 12TH ST., STE 205 OAKLAND, CA 94601	20-8887944	501(C)3	0.	3,463.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ARRIBA JUNTOS 1850 MISSION STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)3	0.	13,567.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ARSOLA'S HOUSE 3998 ALTAMONT AVE OAKLAND, CA 94605	38-3783546		0.	4,068.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ASIAN AMERICANS FOR COMMUNITY INVOLVEMENT OF SANTA CLARA COUNTY - 2400 MOORPARK AVE., SUITE 300 - SAN JOSE, CA 95128	94-2292491	501(C)3	0.	3,746.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ASSISTANCE LEAGUE OF LOS GATOS AND SARATOGA - 16211 ESCOBAR AVE. - LOS GATOS, CA 95032	77-0554406	501(C)3	0.	1,606.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BAYSHORE CHRISTIAN MINISTRIES 1001 BEECH ST. EAST PALO ALTO, CA 94303	77-0151434	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BEL AIR ELEMENTARY 663 CANAL RD. BAY POINT, CA 94565	68-0197529	MDUSD	0.	3,107.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BERKELEY UNIFIED SCHOOL DISTRICT 2020 BONAR STREET BERKELEY, CA 94702	94-6002113	BUSD	0.	3,299.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BERNAL HEIGHTS NEIGHBORHOOD CENTER 515 CORTLAND AVE SAN FRANCISCO, CA 94110	94-2536500	501(C)3	0.	2,462.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BERRYESSA UNION SCHOOL DISTRICT 1376 PIEDMONT RD SAN JOSE, CA 95132	58-2173450	BUSD	0.	26,777.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BETTY HOWARD'S DAY CARE 1507 ENDICOTT DRIVE SAN JOSE, CA 95122	27-5487978	501(C)3	0.	3,158.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BLACOW ELEMENTARY SCHOOL 40404 SUNDALE DR. FREMONT, CA 94538	94-1636029	FUSD	0.	3,377.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BOARD OF TRUSTEES OF THE GLIDE FOUNDATION - 330 ELLIS ST. - SAN FRANCISCO, CA 94102	94-1156481	501(C)3	0.	42,281.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BOYS & GIRLS CLUB - VISITACION VALLEY - 251 LELAND AVE. - SAN FRANCISCO, CA 94134	94-1156608	501(C)3	0.	1,873.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BOYS & GIRLS CLUB OF SV 518 VALLEY WAY MILPITAS, CA 95035	94-1294898	501(C)3	0.	39,739.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BOYS & GIRLS CLUB OF SV - STIPE 5000 LYNG DR. SAN JOSE, CA 95111	94-1294848	501(C)3	0.	2,097.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BOYS & GIRLS CLUB OF SV - STIPE 5000 LYNG DR. SAN JOSE, CA 95111	94-1294848	501(C)3	0.	12,845.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF SILICON VALLEY - 518 VALLEY WAY - MILPITAS, CA 95035	94-1294898	501(C)3	0.	17,394.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BRIARWOOD CHILDREN'S CENTER 1940 TOWNSEND AVENUE SANTA CLARA, CA 95051	77-0219105	SCUSD	0.	1,017.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BROOKFIELD ELEMENTARY 401 JONES AVE. OAKLAND, CA 94603	77-0345000	OUSD	0.	1,612.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BUILDING OPPORTUNITIES FOR SELF-SUFFICIENCY (BOSS) - 2065 KITTREDGE STREET, SUITE E - BERKELEY, CA 94704	51-0173390	501(C)3	0.	1,338.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CALICO CENTER 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501(C)3	0.	1,151.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CALICO CENTER 524 ESTUDILLO AVE SAN LEANDRO, CA 94577	94-3256781	501(C)3	0.	535.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CALIFORNIA SCHOOL FOR THE DEAF - FREMONT - 39350 GALLAUDET DR. - FREMONT, CA 94538	94-3171449	CSD	0.	1,882.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CALIFORNIA YOUTH OUTREACH PROJECT PRIDE - 1560 BERGER DRIVE - SAN JOSE, CA 95112	77-0170677	501(C)3	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CAMPBELL MIDDLE SCHOOL 295 CHERRY LANE CAMPBELL, CA 95008	77-0226428	CUSD	0.	5,154.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPBELL UNION SCHOOL DISTRICT 155 N THIRD STREET CAMPBELL, CA 95008	94-2239786	CUSD	0.	17,204.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CARING FAMILY NETWORK - AUSTIN 1812 CENTRE CREEK DR., SUITE 210 AUSTIN, TX 78754	74-2570960	501(C)3	0.	8,028.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CARITAS FELICES 134 SOUTH 20TH STREET SAN JOSE, CA 95116	95-4324104	501(C)3	0.	22,746.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CARQUINEZ MIDDLE SCHOOL 1099 POMONA ST. CROCKETT, CA 94525	68-0342031	JSUSD	0.	2,062.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CATHOLIC CHARITIES - CANAL FAMILY SUPPORT PROGRAM - 50 CANAL STREET - SAN RAFAEL, CA 94901	94-1498472	501(C)3	0.	2,542.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CATHOLIC CHARITIES - GABRIEL PROJECT LIFE CENTER - AUSTIN - 1625 RUTHERFORD LANE, BUILDING A - AUSTIN, TX 78754	74-2928450	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CATHOLIC CHARITIES - SUPPORTIVE HOUSING - 678 N. KING RD. - SAN JOSE, CA 95133	53-0196617	501(C)3	0.	7,760.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CATHOLIC CHARITIES OF SANTA CLARA COUNTY - 2625 ZANKER RD - SAN JOSE, CA 95134	94-2762269	501(C)3	0.	20,284.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CDR, CASA DE REFUGIO 32540 PULASKI DR. #307 HAYWARD, CA 94544	37-1464057	501(C)3	0.	2,408.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR YOUTH WELLNESS 3450 THIRD ST., BLDG 2 SUITE 201 SAN FRANCISCO, CA 94124	45-2527627	501(C)3	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTER ON JUVENILE AND CRIMINAL JUSTICE - 40 BOARDMAN PLACE - SAN FRANCISCO, CA 94103	94-3136811	501(C)3	0.	2,408.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTRAL VALLEY FOSTER CARE, INC. 3328 SANTA FE RD. RIVERBANK, CA 95367	91-2069896	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTRAL VALLEY PROJECT 655 JORDAN AVE TURLOCK, CA 95380	94-3454932	501(C)3	0.	104,284.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTRO CRISTIANO INTERNACIONAL KINGSWAY INC. - 120 WAYNE COURT EAST - REDWOOD CITY, CA 94063	37-1525559	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CHAIN OF LOVE 6510 KANEKO DR. SAN JOSE, CA 95119	77-0040072	501(C)3	0.	990.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CHAMBERLAIN'S CHILDREN CENTER, INC. - 1850 SAN BENITO STREET - HOLLISTER, CA 95023	94-2357401	501(C)3	0.	1,533.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)3	0.	19,401.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CHILDREN'S OUTREACH PROGRAM 1130 PINE STREET MANTECA, CA 95336	68-0426135	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S SYSTEM OF CARE 1305 EVANS AVENUE SAN FRANCISCO, CA 94124	94-6000417	CITY OF SAN FRAN	0.	7,520.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CHINATOWN COMMUNITY DEVELOPMENT CENTER INC - 1525 GRANT AVE - SAN FRANCISCO, CA 94133	94-2514053	501(C)3	0.	3,238.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY OF DREAMS P.O. BOX 77007 SAN FRANCISCO, CA 94107	20-0719899	501(C)3	0.	4,091.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CITY OF DREAMS P.O. BOX 77007 SAN FRANCISCO, CA 94107	20-0719899	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY OF OAKLAND HEAD START - EASTMONT - 7200 BANCROFT AVE., SUITE 203 - OAKLAND, CA 94605	94-6000384	CITY OF OAKLAND	0.	29,730.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY OF SAN PABLO - SENIOR CENTER 13831 SAN PABLO AVE. SAN PABLO, CA 94806	94-6000423	CITY OF SAN PABL	0.	14,718.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY TEAM MINISTRIES - SAN JOSE 1297 N. 13TH ST. SAN JOSE, CA 95112	94-1501285	501(C)3	0.	4,741.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CITY TEAM MINISTRIES - SAN JOSE 1297 N. 13TH ST. SAN JOSE, CA 95112	94-1501285	501(C)3	0.	106,585.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITYTEAM MINISTRIES 2304 ZANKER RD SAN JOSE, CA 95131	94-1501265	501(C)3	0.	15,307.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COASTSIDE CHILDREN'S PROGRAMS 494 MIRAMONTES AVE. HALF MOON BAY, CA 94019	94-2407737	501(C)3	0.	214.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COLONIAL ACRES ELEMENTARY 17115 MEEKLAND AVE. HAYWARD, CA 94541	94-2221906	SLUSD	0.	7,839.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
COLUMBIA MIDDLE SCHOOL 739 MORSE AVENUE SUNNYVALE, CA 94085	84-1721580	SESD	0.	4,123.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
COMMUNITY BAPTIST CHURCH OF OAKLAND - 995 44TH ST. - OAKLAND, CA 94608	94-3167904	501(C)3	0.	2,007.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COMMUNITY HOUSING PARTNERSHIP 810 AVENUE D, BUNGALOW 4 SAN FRANCISCO, CA 94130	94-3112338	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COMMUNITY UNITED SAN JOSE - STARBIRD - 1050 BOYNTON AVE - SAN JOSE, CA 95117	20-4367250	501(C)3	0.	11,908.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COMPASS FAMILY SERVICES 49 POWELL ST., 3RD FLOOR SAN FRANCISCO, CA 94102	94-1156622	501(C)3	0.	8,419.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CONCERNED PARENTS & COMMUNITY OF ALUM ROCK - 1529 FOXDALE CT. - SAN JOSE, CA 95122	91-2168036	501(C)3	0.	3,265.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COPS THAT CARE 1000 VILLA STREET MOUNTAIN VIEW, CA 94041	94-6000379	501(C)3	0.	40,140.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORA - COMMUNITY OVERCOMING RELATIONSHIP ABUSE - 2211 PALM AVENUE - SAN MATEO, CA 94403	94-2481188	501(C)3	0.	589.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CORNERSTONE BUILDING BRIDGES FOUNDATION - 6190 THIRD STREET - SAN FRANCISCO, CA 94124	94-3395673	501(C)3	0.	2,141.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CREATE A WAY FOUNDATION 1294 63RD ST. EMERYVILLE, CA 94608	46-0599554	501(C)3	0.	2,408.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CRESTWOOD MANOR FREMONT 4303 STEVENSON BOULEVARD FREMONT, CA 94538	71-0877008	501(C)3	0.	3,399.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CROSSROAD CALVARY CHURCH 990 S. CAPITOL AVE. SAN JOSE, CA 95127	77-0536018	501(C)3	0.	1,842.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CROSSROAD CALVARY CHURCH 990 S. CAPITOL AVE. SAN JOSE, CA 95127	77-0536018	501(C)3	0.	24,325.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CROSSSTREETS NEIGHBORHOOD SERVICES 20600 JOHN DR. CASTRO VALLEY, CA 94546	46-4625474	501(C)3	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CURRY SENIOR CENTER 333 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)3	0.	9,714.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DAVENPORT RESOURCE SERVICE CENTER 150 CHURCH ST. DAVENPORT, CA 95017	94-2523780	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DE ANZA COLLEGE, OTI 21250 STEVENS CREEK BOULEVARD CUPERTINO, CA 95014	94-3258220	501(C)3	0.	2,825.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DE ANZA COLLEGE, OTI 21250 STEVENS CREEK BOULEVARD CUPERTINO, CA 95014	94-3258220	501(C)3	0.	3,077.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DE MARILLAC ACADEMY 175 GOLDEN GATE AVE. SAN FRANCISCO, CA 94102	94-3390330	501(C)3	0.	4,517.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DELMAS PARK NEIGHBORHOOD ASSOCIATION - 1661 SENTER RD., BLDG G - SAN JOSE, CA 95112	42-1735010		0.	4,014.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DEPARTMENT OF ALCOHOL & DRUG SERVICES - 977 LENZEN AVE. #10 - SAN JOSE, CA 95127	94-6000533	501(C)3	0.	4,921.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DISCOVERY CHARTER SCHOOL 4021 TEALE AVE. SAN JOSE, CA 95117	37-1509106	DISCOVERY CHARTE	0.	1,346.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DISCOVERY CHARTER SCHOOL 4021 TEALE AVE. SAN JOSE, CA 95117	37-1509106	DISCOVERY CHARTE	0.	803.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DOWNTOWN COLLEGE PREP - ALUM ROCK 1776 EDUCATIONAL PARK DRIVE BUILDIN SAN JOSE, CA 95133	77-0517240	501(C)3	0.	30,476.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DOWNTOWN COLLEGE PREP MIDDLE - EL CAMNIO - 1155 E. JULIAN ST. - SAN JOSE, CA 95116	47-2393817	501(C)3	0.	9,484.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN STREETS TEAM 1671 THE ALAMEDA, SUITE 306 SAN JOSE, CA 95126	20-5242330	501(C)3	0.	2,408.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST PALO ALTO ACADEMY HIGH SCHOOL 1050 MYRTLE ST. EAST PALO ALTO, CA 94303	94-1156365	SUHSD	0.	11,427.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
EAST PALO ALTO COMMUNITY SERVICE CENTER - 22865 FIRST STREET - HAYWARD, CA 94541	23-7006613	501(C)3	0.	26,760.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST. EAST PALO ALTO, CA 94303	94-2911826	CITY OF EAST PAL	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST PALO ALTO TEEN HOME 163 VERBENA DR. EAST PALO ALTO, CA 94303	94-3154022	501(C)3	0.	1,284.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST SIDE UNION HIGH SCHOOL DIST 830 N CAPITOL AVENUE SAN JOSE, CA 95133	94-2864814	ESUHSD	0.	7,867.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST SIDE UNION HIGH SCHOOL DISTRICT - 830 NORTH CAPITOL AVE - SAN JOSE, CA 95133	94-2864814	ESUHSD	0.	32,549.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVE. EAST PALO ALTO, CA 94303	94-2476942	501(C)3	0.	67,944.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EDEN HOUSING RESIDENT SERVICES INC 22645 GRAND ST HAYWARD, CA 94541	94-3315887	501(C)3	0.	16,752.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDGEWOOD CENTER 957 INDUSTRIAL RD. SUITE B SAN MATEO, CA 94070	94-1186168	501(C)3	0.	1,204.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EDUCATION FOR CHANGE 303 HEGENBERGER RD STE 301 OAKLAND, CA 94621	20-2204424	501(C)3	0.	13,225.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
EL SHADDAI MINISTRIES 565 E. LEWELLING BLVD. SAN LORENZO, CA 94580	94-3188181	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EMMAUS HOUSE 829 SAN BENITO ST, #300 HOLLISTER, CA 95023	77-0407292	501(C)3	0.	1,739.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EMQ FAMILIESFIRST 251 LLEWELLYN AVENUE CAMPBELL, CA 95008	94-2295953	501(C)3	0.	2,154.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
EMQ FAMILIESFIRST 251 LLEWELLYN AVENUE CAMPBELL, CA 95008	94-2295953	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EPISCOPAL COMMUNITY SERVICES (ECS) 165 EIGHTH STREET, 3RD FLOOR SAN FRANCISCO, CA 94103	94-3096716	501(C)3	0.	2,917.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ERCA (EDENVALE ROUNDTABLE COMMUNITY ASSOC.) - 255 AZUCAR AVENUE - SAN JOSE, CA 95111	77-0427923	CITY OF SAN JOSE	0.	38,294.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ERIKSON SCHOOL 4849 PEARL AVE. SAN JOSE, CA 95136	77-0272168	SJUSD	0.	1,702.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESCUELA POPULAR DUAL LANGUAGE IMMERSION ACADEMY - 467 N. WHITE RD. - SAN JOSE, CA 95127	77-0354277	501(C)3	0.	10,934.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ESCUELA POPULAR DUAL LANGUAGE IMMERSION ACADEMY - 467 N. WHITE RD. - SAN JOSE, CA 95127	77-0354277	501(C)3	0.	9,098.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EVELYN S. COX FOSTER FAMILY AGENCY 2926 ARCHWOOD CIRCLE SAN JOSE, CA 95148	77-0199457	501(C)3	0.	2,730.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EVERGREEN ELEMENTARY SCHOOL DISTRICT - 3010 FOWLER RD - SAN JOSE, CA 95135	77-0225132	EESD	0.	14,028.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
EVERGREEN SCHOOL DISTRICT 3188 QUIMBY ROAD SAN JOSE, CA 95148	77-0225132	ESD	0.	6,155.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EVERLOVED COMMUNITY OUTREACH 21305 HIGHLAND DR. CASTRO VALLEY, CA 94552	46-1986682	501(C)3	0.	3,024.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
FAMILY AND CHILDREN SERVICES OF SILICON VALLEY - 2226 N. FIRST ST. - SAN JOSE, CA 95131	94-1167408	501(C)3	0.	2,405.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
FAMILY AND CHILDREN SERVICES OF SILICON VALLEY - 2226 N. FIRST ST. - SAN JOSE, CA 95131	94-1167408	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
FAMILY MOSAIC PROJECT 1309 EVANS AVENUE SAN FRANCISCO, CA 94124		CITY OF SAN FRAN	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SUPPORTIVE HOUSING 692 N. KING RD. SAN JOSE, CA 95133	77-0106237	501(C)3	0.	2,485.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
FIREHOUSE COMMUNITY DEVELOPMENT CORPORATION - 5655 SILVER CREEK VALLEY RD. #517 - SAN JOSE, CA 95138	65-1293894	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
FIVE OAKS MIDDLE SCHOOL 1600 NW 173RD AVE. BEAVERTON, OR 97006	27-2000507	BSD	0.	15,257.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
FOOTHILL RANCH MIDDLE 5001 DIABLO DR. SACRAMENTO, CA 95842	30-0475870	TRUSD	0.	15,257.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
FRANDELJA ENRICHMENT CENTER 950 GILMAN AVENUE SAN FRANCISCO, CA 94124	94-3256620	501(C)3	0.	7,493.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
FREE AT LAST 1796 BAY ROAD EAST PALO ALTO, CA 94303	94-3193317	501(C)3	0.	4,014.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
FRESH LIFELINES FOR YOUTH (FLY) 568 VALLEY WAY MILPITAS, CA 95035	52-2234595	501(C)3	0.	1,338.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GIANNINI (A.P.) MIDDLE SCHOOL 3151 ORTEGA ST. SAN FRANCISCO, CA 94122	94-6089512	SFUSD	0.	8,247.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
GILROY HIGH SCHOOL 750 WEST TENTH ST. GILROY, CA 95020	77-0123255	GUSD	0.	3,809.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOLDEN LIVING CENTER SAN JOSE 401 RIDGE VISTA AVENUE SAN JOSE, CA 95127	94-2301514		0.	2,944.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GREATER ST. PAUL BAPTIST CHURCH 1827 MARTIN LUTHER KING WAY OAKLAND, CA 94612	94-3121220	501(C)3	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)3	0.	4,731.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)3	0.	9,634.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HAMILTON FAMILY CENTER 1631 HAYES STREET SAN FRANCISCO, CA 94117	94-3055602	501(C)3	0.	3,024.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HANDS OF HOPE OUTREACH 1636 ARMSTRONG AVE. SAN FRANCISCO, CA 94124	90-0580381	501(C)3	0.	3,211.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HANDS OF MERCY 44 MCALLISTER ST. SUITE 511 SAN FRANCISCO, CA 94102	16-1632654	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HAPPY HOUSE 750 FAIRMONT AVE STE 100 GLENDALE, CA 91203	20-4367250	501(C)3	0.	4,247.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HARDEN MIDDLE SCHOOL 1561 MCKINNON ST. SALINAS, CA 93906	77-0524315	SUHSD	0.	6,185.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISON HOME 4635 GEORGETOWN PLACE, STE A STOCKTON, CA 95207	68-0141325	501(C)3	0.	562.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HARVEST OF HARMONY 3391 MT. EVEREST DR. SAN JOSE, CA 95127	77-0422323	501(C)3	0.	1,124.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HAVEN OF HOPE, INC. 107 PAULINE DR. WATSONVILLE, CA 95076	77-0469172	501(C)3	0.	831.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HAVEN OF PEACE 7070 SOUTH HARLAN RD. FRENCH CAMP, CA 95231	94-1505847	501(C)3	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HAYWARD UNIFIED SCHOOL DISTRICT 24411 AMADOR STREET HAYWARD, CA 94544	94-1693499	HUSD	0.	8,182.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HENRY ELEMENTARY SCHOOL 1060 SE 24TH AVENUE HILLSBORO, OR 97123	93-6001037	SUSD	0.	12,900.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HILLSIDE ELEMENTARY SCHOOL 15980 MARCELLA ST. SAN LEANDRO, CA 94578	26-4710073	SLUSD	0.	3,107.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HOLY FAMILY DAY HOME 299 DOLORES ST. SAN FRANCISCO, CA 94103	94-1156492	501(C)3	0.	879.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HOMEFIRST SERVICES OF SANTA CLARA COUNTY - 507 VALLEY WAY - MILPITAS, CA 95035	94-2684272	501(C)3	0.	7,714.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMEFIRST SERVICES OF SANTA CLARA COUNTY - 507 VALLEY WAY - MILPITAS, CA 95035	94-2684272	501(C)3	0.	5,272.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)3	0.	9,098.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
IDYLWOOD CARE CENTER 1002 WEST FREMONT AVENUE SUNNYVALE, CA 94087	82-0586436		0.	4,389.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
INDIGO PROGRAM 530 GETTYSBURG DR SAN JOSE, CA 95123	11-3763937	501(C)3	0.	3,077.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
INDOCHINESE HOUSING DEVELOPMENT CORP. - 340 EDDY STREET, # 100 - SAN FRANCISCO, CA 94102	94-2796496	501(C)3	0.	2,141.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
INNVISION SHELTER NETWORK - SAN MATEO - 181 CONSTITUTION DR. - MENLO PARK, CA 94025	77-0160469	501(C)3	0.	9,687.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
INTERTRIBAL FRIENDSHIP HOUSE - ELDERS PROGRAM - 523 INTERNATIONAL BLVD. - OAKLAND, CA 94606	94-6042089	501(C)3	0.	5,620.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
IOTA EDUCATIONAL FOUNDATION BAY AREA, INC. - PO BOX 30243 - OAKLAND, CA 94604	94-3139205	501(C)3	0.	4,175.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
JW HOUSE 3850 HOMESTEAD RD. SANTA CLARA, CA 95051	20-2034560	501(C)3	0.	2,810.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KAISER PERMANENTE - ONCOLOGY DEPT. 710 LAWRENCE EXPRESSWAY SANTA CLARA, CA 95051	94-1105628	501(C)3	0.	6,476.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KAPPA ALPHA PSI FRATERNITY INC. (BERKELEY ALUMNI) - P. O. BOX 23411 - OAKLAND, CA 94623	94-2952968	501(C)3	0.	3,211.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KIDANGO, INC 44000 OLD WARM SPRINGS BLVD FREMONT, CA 94538	94-2581686	501(C)3	0.	3,224.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
KIDANGO, INC 44000 OLD WARM SPRINGS BLVD FREMONT, CA 94538	94-2581686	501(C)3	0.	12,952.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KINSHIP, ADOPTIVE, & FOSTER PARENT ASSOCIATION (KAFPA) - 373 WEST JULIAN ST., 2ND BLDG., 1ST FLOOR - SAN JOSE, CA 95110	77-0044714	501(C)3	0.	8,028.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KIWANIS CLUB OF EAST SAN JOSE 13531 EMILIE DRIVE SAN JOSE, CA 95127	94-6131408	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KIWANIS CLUB OF MILPITAS FOUNDATION - 2225 EDSEL DRIVE - MILPITAS, CA 95035	36-1327510	501(C)3	0.	3,445.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
LEND A HAND FOUNDATION 8105 CAPWELL DR. OAKLAND, CA 94621	94-3293372	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LIGHTHOUSE HOUSING CORPORATION, INC. - 725 SCHEMBRI LANE - PALO ALTO, CA 94303	20-4555993	501(C)3	0.	3,336.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE HOUSING CORPORATION, INC. - 725 SCHEMBRI LANE - PALO ALTO, CA 94303	20-4555993	501(C)3	0.	7,225.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LITTLE BETHANY MISSIONARY BAPTIST CHURCH - 1636 ARMSTRONG AVENUE - SAN FRANCISCO, CA 94124	94-2542850	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LIVE OAK ADULT DAY SERVICE - GILROY - 651 WEST 6TH STREET, ROOM 2 - GILROY, CA 95020	77-0069106	501(C)3	0.	4,549.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LIVE OAK FAMILY RESOURCE CENTER 236 SANTA CRUZ AVE APTOS, CA 95003	94-2460211	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LOGOS CHRISTIAN FELLOWSHIP 4801 ALUM ROCK AVE. SAN JOSE, CA 95127	94-2941659	501(C)3	0.	4,014.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LOVE NEVER FAILS 6937 VILLAGE PKWY, UNIT 2074 DUBLIN, CA 94568	45-5551029	501(C)3	0.	3,613.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LUTHER BURBANK SCHOOL 4 WABASH AVE. SAN JOSE, CA 95128	77-0323113	LBSD	0.	6,347.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MARIA'S DAY CARE 517 INDIAN WARRIOR WAY SOLEDAD, CA 93960	27-4450234		0.	1,418.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MARINA MIDDLE SCHOOL 3500 FILLMORE ST. SAN FRANCISCO, CA 94123	90-0904015	SFUSD	0.	7,422.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARLBOROUGH PUBLIC SCHOOL DISTRICT 17 WASHINGTON STREET MARLBOROUGH, MA 01752		MPSD	0.	61,558.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MARTIN ELEMENTARY SCHOOL 35 SCHOOL STREET SOUTH SAN FRANCISCO, CA 94080	94-3083861	SSFUSD	0.	4,192.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MCKINLEY YOUTH CENTER 651 MACREDES AVE. SAN JOSE, CA 95116	94-6000419	501(C)3	0.	27,161.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MERCY HOUSING CALIFORNIA 1360 MISSION STREET, STE. 300 SAN FRANCISCO, CA 94103	94-3081666	501(C)3	0.	40,622.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MERCY TERRACE - SENIOR PLAZA 333 BAKER ST. SAN FRANCISCO, CA 94117	68-0254564	501(C)3	0.	669.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MILPITAS FIREFIGHTERS TOY PROGRAM 777 SOUTH MAIN STREET MILPITAS, CA 95035	26-0267135	501(C)3	0.	21,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MILPITAS UNIFIED SCHOOL DISTRICT 1331 EAST CALAVERAS BOULEVARD MILPITAS, CA 95035	77-0289955	MUSD	0.	24,939.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MILPITAS UNIFIED SCHOOL DISTRICT 1331 EAST CALAVERAS BOULEVARD MILPITAS, CA 95035	36-1327510	MUSD	0.	803.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MISSION HOUSING DEVELOPMENT CORP 474 VALENCIA ST STE 280 SAN FRANCISCO, CA 94103	94-1753722	501(C)3	0.	7,466.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOMENTUM FOR MENTAL HEALTH 2001 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)3	0.	8,028.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MORGAN HILL UNIFIED SCHOOL DISTRICT - MIGRANT PROGRAM - 17960 MONTEREY RD. - MORGAN HILL, CA 95037	71-0942606	MHUSD	0.	1,842.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MORGAN HILL UNIFIED SCHOOL DISTRICT - MIGRANT PROGRAM - 17960 MONTEREY RD. - MORGAN HILL, CA 95037	71-0942606	MHUSD	0.	1,472.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MOUNTAIN VIEW-WHISMAN SCHOOL DISTRICT - 750-A SAN PIERRE WAY - MOUNTAIN VIEW, CA 94043	93-0991812	MVWSD	0.	49,671.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MT. PLEASANT ELEMENTARY SCHOOL 14275 CANDLER DR. SAN JOSE, CA 95127	57-2042385	MPESD	0.	1,847.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MT. PLEASANT ELEMENTARY SCHOOL DISTRICT - 3434 MARTEN AVENUE - SAN JOSE, CA 95148	77-0441284	MPESD	0.	18,387.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MULTICULTURAL COUNSELING AND EDUCATIONAL SERVICES - 247 DAPHNE WAY - EAST PALO ALTO, CA 94303	35-2514663	501(C)3	0.	8,670.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MYKAI'S YOUTH OUTREACH 5 SANTA CRUZ ST PITTSBURG, CA 94565	45-4186377	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NEPENTHEAN HOMES 7901 OAKPORT ST. #4500 OAKLAND, CA 94621	68-0201515	501(C)3	0.	4,014.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW BIRTH RECOVERY HOME 95 S. 20TH STREET SAN JOSE, CA 95116	77-0452807	501(C)3	0.	3,175.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
NEW BIRTH RECOVERY HOME 95 S. 20TH STREET SAN JOSE, CA 95116	77-0452807	MHUSD	0.	8,510.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NEW LIFE CHRISTIAN DAY CARE 27871 ORNOND AVE HAYWARD, CA 94544	94-3402980	501(C)3	0.	6,155.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NEW MISSION OUTREACH 3098 FLORENCE AVENUE SAN JOSE, CA 95127	77-0184095	501(C)3	0.	8,697.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NIRVANA ALCOHOL & DRUG TREATMENT 1100 KANSAS AVE., STE B MODESTO, CA 95351	77-0457436	501(C)3	0.	321.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NORTHWOOD ELEMENTARY 2760 EAST TRIMBLE ROAD SAN JOSE, CA 95132	58-2713450	BUSD	0.	2,492.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
NURSE-FAMILY PARTNERSHIP 1993-B MCKEE RD. SAN JOSE, CA 95116	20-0234163	501(C)3	0.	2,408.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
OAK GROVE SCHOOL DISTRICT 6578 SANTA TERESA BLVD SAN JOSE, CA 95119	77-0220148	OGSD	0.	8,448.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
OAKLAND CHILDREN'S SERVICES 7200 BANCROFT AVE., SUITE 125-D OAKLAND, CA 94605	94-3123480	501(C)3	0.	4,121.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND PUBLIC EDUCATION FOUNDATION - 1000 BROADWAY - OAKLAND, CA 94607	43-2014630	501(C)3	0.	13,915.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY SUITE 680 OAKLAND, CA 94607	94-6000385	OUSD	0.	22,639.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
OAKLAND UNIFIED SCHOOL DISTRICT 1000 BROADWAY SUITE 680 OAKLAND, CA 94607	43-2014630	OUSD	0.	155,130.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ORCHARD SCHOOL 921 FOX LANE SAN JOSE, CA 95131	94-6020920	OESD	0.	1,868.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ORCHARD SCHOOL 921 FOX LANE SAN JOSE, CA 95131	94-6020920	OESD	0.	1,338.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ORCHID WOMEN'S RECOVERY CENTER 1342 EAST 27TH STREET OAKLAND, CA 94606	94-1702064	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PACIFIC AUTISM CENTER FOR EDUCATION - 1880 PRUNERIDGE AVENUE - SANTA CLARA, CA 95050	77-0259858	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PARENT INSTITUTE 3339 PEPPER TREE LANE SAN JOSE, CA 95127	54-6782031		0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PASEO SENTER 1898 SENTER RD. SAN JOSE, CA 95112	30-0261199	501(C)3	0.	4,817.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENINSULA FAMILY SERVICE 24 SECOND AVENUE SAN MATEO, CA 94401	94-1186169	501(C)3	0.	13,353.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PINE HILL SCHOOL (NEWTON PROGRAM) 2150 MONTEREY RD. #77 SAN JOSE, CA 95112	26-2335990	501(C)3	0.	3,586.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PORTOLA FAMILY CONNECTION CENTER INC - 2565 SAN BRUNO AVE - SAN FRANCISCO, CA 94134	94-3213689	501(C)3	0.	7,359.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PRAISE FELLOWSHIP MEN'S RECOVERY FACILITY - 7711 MACARTHUR BLVD - OAKLAND, CA 94605	94-3027868	501(C)3	0.	4,014.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PRENATAL ADVANTAGE BLACK INFANT HEALTH - 2415 UNIVERSITY AVENUE, 2ND FLOOR - EAST PALO ALTO, CA 94303	94-6000532	COUNTY OF SAN MA	0.	6,690.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PROJECT ACCESS 3900 BIRCH STREET #113 NEWPORT BEACH, CA 92660	33-0834635	501(C)3	0.	7,760.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PROJECT WE HOPE 1836 BAY ROAD, SUITE B EAST PALO ALTO, CA 94303	94-3342713	501(C)3	0.	1,657.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
PROJECT WE HOPE 1836 BAY ROAD, SUITE B EAST PALO ALTO, CA 94303	94-3342713	501(C)3	0.	5,486.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
RAVENSWOOD CITY SCHOOL DISTRICT 2120 EUCLID AVE EAST PALO ALTO, CA 94303	77-0209800	RCS D	0.	90,672.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RAYMUS HOUSE - HOPE FAMILY SHELTER 520 S. UNION ST. MANTECA, CA 95337	68-0235846	501(C)3	0.	5,084.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
REDWOOD CITY COGIC 111 HAZEL STREET REDWOOD CITY, CA 94061	94-3240550	501(C)3	0.	4,014.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
REDWOOD CITY SCHOOL DISTRICT 750 BRADFORD STREET REDWOOD CITY, CA 94063	94-3084018	RCSD	0.	9,791.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
REDWOODS FAMILY RECOVERY CENTER 1030 CALIFORNIA AVE MODESTO, CA 95351	45-1355075	501(C)3	0.	3,399.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ROCKETSHIP MOSAIC ELEMENTARY 950 OWSLEY AVE. SAN JOSE, CA 95122	20-4040597	501(C)3	0.	3,078.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ROCKETSHIP SI SE PUEDE ACADEMY 2249 DOBERN AVE. SAN JOSE, CA 95116	26-4265786	501(C)3	0.	2,198.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
RODEO HILLS ELEMENTARY SCHOOL 545 GARRETSON ST. RODEO, CA 94572	33-1083297	JSUSD	0.	2,330.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
RODEO YOUTH MENTORING PROGRAM 142 GARRETSON AVE. RODEO, CA 94572	33-1083297	501(C)3	0.	4,282.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST ST. SAN JOSE, CA 95110	23-7179787	501(C)3	0.	11,392.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST ST. SAN JOSE, CA 95110	23-7179787	501(C)3	0.	13,380.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN FRANCISCO CITY ACADEMY 230 JONES ST. SAN FRANCISCO, CA 94102	94-3163872	501(C)3	0.	9,469.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 94102	90-0332259	501(C)3	0.	47,633.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN FRANCISCO SHERIFF'S ASSOCIATION FOUNDATION - 460 BRANNAN ST., SUITE 77650 - SAN FRANCISCO, CA 94107	30-0287554	501(C)3	0.	55,243.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SAN FRANCISCO UNIFIED SCHOOL DISTRICT - 555 FRANKLIN STREET - SAN FRANCISCO, CA 94102	77-0439991	SFUSD	0.	70,524.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SAN JOSE CONSERVATION CORPS 1534 BERGER DR SAN JOSE, CA 95112	77-0155997	501(C)3	0.	3,345.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN JOSE NEIGHBORS THAT CARE, INC. 5205 ALAN AVENUE SAN JOSE, CA 95124	77-0304056	501(C)3	0.	3,746.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN JOSE STATE UNIVERSITY POLICE DEPARTMENT - ONE WASHINGTON SQUARE - SAN JOSE, CA 95192	83-0403915	501(C)3	0.	3,345.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN JOSE UNIFIED SCHOOL DISTRICT 855 LENZEN AVENUE SAN JOSE, CA 95126	94-6002606	SJUSD	0.	84,849.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN JOSE UNIFIED SCHOOL DISTRICT 855 LENZEN AVENUE SAN JOSE, CA 95126	94-6002606	SJUSD	0.	34,842.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN LEANDRO UNIFIED SCHOOL DISTRICT - 2255 BANCROFT AVENUE. - SAN LEANDRO, CA 94577	94-6002608	SLUSD	0.	6,548.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SAN LORENZO UNIFIED SCHOOL DISTRICT - 15510 USHER STREET - SAN LORENZO, CA 94580	94-1693852	SLUSD	0.	2,896.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SAN PABLO YOUTH MENTORING PROGRAM 479 METRO WALK WAY RICHMOND, CA 94801	30-0609534	501(C)3	0.	2,141.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SANTA CLARA COUNTY PUBLIC HEALTH DEPT REGION 5 - 614 TULLY ROAD - SAN JOSE, CA 94086	94-6000533	SANTA CLARA COUN	0.	24,325.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SANTA CLARA UNIFIED SCHOOL DISTRICT - 1889 LAWRENCE ROAD - SANTA CLARA, CA 95051	77-0219105	SCUSD	0.	18,762.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SANTA MARIA URBAN MINISTRY OF SAN JOSE - 778 S. ALMADEN AVENUE - SAN JOSE, CA 95110	91-1811780	501(C)3	0.	6,690.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SENECA FAMILY OF AGENCIES 6925 CHABOT ROAD OAKLAND, CA 94618	94-2971761	501(C)3	0.	4,609.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SENECA FAMILY OF AGENCIES 6925 CHABOT ROAD OAKLAND, CA 94618	94-2971761	501(C)3	0.	4,576.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEQUOIA UNION HIGH SCHOOL DISTRICT 480 JAMES AVE REDWOOD CITY, CA 94062	94-3311088	SUHSD	0.	19,548.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SHILOH FULL GOSPEL CHURCH 94 LOS PALMOS DRIVE SAN FRANCISCO, CA 94127	56-2428323	501(C)3	0.	2,944.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - DONNA BRADFORD TENANT UNION 1805 BRADFORD WAY, #A SAN JOSE, CA 95124	32-0293281	CITY OF SAN JOSE	0.	3,158.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - MAYFAIR COMMUNITY CENTER 2039 KAMMERER AVENUE SAN JOSE, CA 95116	94-2814128	CITY OF SAN JOSE	0.	3,693.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - MCLAUGHLIN AREA TENANTS 2028 BIKINI AVE. SAN JOSE, CA 95122	27-1843534	CITY OF SAN JOSE	0.	4,068.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SOBRATO TRANSITIONAL HOUSING GILROY - 9369 MONTEREY RD. - GILROY, CA 95020	94-2590572	501(C)3	0.	2,863.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SOLANO COUNTY CHILD WELFARE SERVICES - 275 BECK AVE., SECOND FLOOR - FAIRFIELD, CA 94533	94-6000538	SOLANO COUNTY	0.	1,606.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SOLID ROCK C.O.G.I.C. 5970 THORNTON AVE. NEWARK, CA 94560	23-7002419	501(C)3	0.	1,659.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SOMOS MAYFAIR 370-B SOUTH KING ROAD SAN JOSE, CA 95116	77-0499813	501(C)3	0.	9,366.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH OF MARKET CHILD CARE 790 FOLSOM STREET SAN FRANCISCO, CA 94107	94-3146532	501(C)3	0.	3,211.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ST. ANDREWS RESIDENTIAL PROGRAM FOR YOUTH (S.T.A.R.) - 811 SHERMAN OAKS DR. - SAN JOSE, CA 95128	23-7433396	501(C)3	0.	1,204.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501(C)3	0.	8,002.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ST. MATTHEWS OUTREACH 1239 N LIVERMORE AVE LIVERMORE, CA 94551	94-2506625	501(C)3	0.	1,258.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
STAND UP FOR KIDS - SILICON VALLEY 25 E. HEDDING ST. SAN JOSE, CA 95112	33-0414855	501(C)3	0.	6,585.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
STARVISTA 610 ELM ST SUITE 212 SAN CARLOS, CA 94070	94-3094966	501(C)3	0.	2,168.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SUNDAY FRIENDS P.O. BOX 24887 SAN JOSE, CA 95154	77-0518937	501(C)3	0.	21,756.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SUNDAY FRIENDS P.O. BOX 24887 SAN JOSE, CA 95154	77-0518937	501(C)3	0.	26,760.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501(C)3	0.	4,476.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501(C)3	0.	13,380.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SUNRISE MIDDLE SCHOOL 1149 E. JULIAN ST. SAN JOSE, CA 95116	20-0912823	501(C)3	0.	6,185.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
TEEN CHALLENGE NORWESTCAL NEVADA 390 MATHEW ST SANTA CLARA, CA 95050	77-0071828	501(C)3	0.	5,753.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
TEEN SUCCESS, INC. 576 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)3	0.	1,418.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
TENDERLOIN COMMUNITY SCHOOL 627 TURK ST. SAN FRANCISCO, CA 94102	94-2722718	SFUSD	0.	1,847.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION (TNDC) - 201 EDDY STREET - SAN FRANCISCO, CA 94102	94-2761808	501(C)3	0.	4,951.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE ARC OF ALAMEDA COUNTY - FIRST STEP - 1101 WALPERT ST. - HAYWARD, CA 94541	94-1707724	501(C)3	0.	696.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE CENTER 1508 S SUTTER ST. STOCKTON, CA 95206	35-0911947	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE CHILDREN'S TREE HOUSE 19-B DUTTON CT. SAUSALITO, CA 94965	94-3144160	501(C)3	0.	3,746.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CLOTHES CLOSET 80 YALE RD. PALO ALTO, CA 94025	77-0033628	501(C)3	0.	16,083.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE HOUSE MODESTO 1601 COFFEE RD. MODESTO, CA 95355	94-1294940	501(C)3	0.	29,436.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE ROLE MODEL PROGRAM 2625 ZANKER RD # 200 SAN JOSE, CA 95134	77-0230503	501(C)3	0.	19,535.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE WELL - STC 9913 PORTOFINO OAK LN FAIR OAKS, CA 95628	26-2007811	501(C)3	0.	1,547.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
THE WELL - STC 9913 PORTOFINO OAK LN FAIR OAKS, CA 95628	26-2007811	501(C)3	0.	6,075.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE WIGGINS FAMILY DAY CARE 730 DRAKE AVE. MARIN CITY, CA 94965	55-3133378	501(C)3	0.	455.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THINKTOGETHER 550 VALLEY WAY MILPITAS, CA 95035	77-0441284	501(C)3	0.	14,450.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
TIME-OUT FOR CHILDREN WITH DISABILITIES - 2404 LUPINE CT. - DALY CITY, CA 94014	94-3138451	501(C)3	0.	1,606.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
TODAY'S YOUTH MATTER 469 VALLEY WAY MILPITAS, CA 95035	94-3176545	501(C)3	0.	4,652.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TODAY'S YOUTH MATTER 469 VALLEY WAY MILPITAS, CA 95035	94-3176545	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
TONGAN CHRISTIAN ASSEMBLY OF GOD 1136 SARATOGA AVE. EAST PALO ALTO, CA 94303	44-0577787	501(C)3	0.	1,606.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
TRANSFORMED COMMUNITY OUTREACH 201 W. ALAMEDA ST. MANTECA, CA 95336	27-1414546	MUSD	0.	937.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
TRUE SUNSHINE PRESCHOOL CENTER 777 STOCKTON STREET, SUITE 201 SAN FRANCISCO, CA 94108	94-2242733	501(C)3	0.	1,177.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
UNITED WAY SILICON VALLEY 1400 PARKMOOR AVE., SUITE 250 SAN JOSE, CA 95126	94-1450153	501(C)3	0.	34,788.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
UNITY CARE 1400 PARKMOOR AVE., STE 115 SAN JOSE, CA 95126	77-0323115	501(C)3	0.	4,095.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
UNITY CARE 1400 PARKMOOR AVE., STE 115 SAN JOSE, CA 95126	77-0323115	501(C)3	0.	20,873.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
URBAN EDACADEMY 1601 LANE ST. SAN FRANCISCO, CA 94124	46-1329910	501(C)3	0.	2,141.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
VALLEY CHURCHES UNITED MISSIONS P. O BOX 367 BEN LOMOND, CA 95005	77-0163322	501(C)3	0.	4,063.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CHURCHES UNITED MISSIONS P. O BOX 367 BEN LOMOND, CA 95005	77-0163322	501(C)3	0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
VALLEY HOUSE REHABILITATION CENTER 991 CLYDE AVENUE SANTA CLARA, CA 95054	23-2779765	501(C)3	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
VICTORY IN PRAISE OF MODESTO 720 G STREET MODESTO, CA 95354	01-0778112	501(C)3	0.	2,007.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
VOVINAM VIET VO DAO AMERICA 54 SOUTH 26TH STREET SAN JOSE, CA 95116	77-0126463	501(C)3	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WASHOE NATIVE TANF PROGRAM - ALAMEDA COUNTY - 2030 FRANKLIN ST., SUITE 400 - OAKLAND, CA 94612	88-0120754	501(C)3	0.	5,352.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WASHOE NATIVE TANF PROGRAM - SANTA CLARA COUNTY - 2480 N. 1ST ST. #140 - SAN JOSE, CA 95131	88-0120754	501(C)3	0.	4,442.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT - 1108 BISSELL AVENUE - RICHMOND, CA 94801	94-6000423	WCCUSD	0.	10,408.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
WESTSIDE AFTERSCHOOL PROGRAM 603 MT. DIABLO AVE. SAN MATEO, CA 94401	94-2864632	501(C)3	0.	5,845.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
WILLOW OAKS ELEMENTARY 620 WILLOW ROAD MENLO PARK, CA 94025	94-3239876	RSCD	0.	24,745.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODSIDE TENANTS ASSOCIATION 255 WOODSIDE AVE. #408 SAN FRANCISCO, CA 94127	94-3208341		0.	2,676.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WORK 2 FUTURE 2072 LUCRETIA AVE. SAN JOSE, CA 95122	45-3156415	501(C)3	0.	3,746.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WORLD IMPACT, INC. 1015 CAMPBELL ST. OAKLAND, CA 94607	95-2681237	501(C)3	0.	10,436.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
YMCA BAYVIEW FAMILY RESOURCE CENTER - 1601 LANE STREET - SAN FRANCISCO, CA 94124	94-0997140	501(C)3	0.	2,703.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
YOUTH UTILIZING POWER AND PRAISE (YUPP) - 3286 FRONDA DRIVE - SAN JOSE, CA 95148	80-0436789	501(C)3	0.	25,957.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
YWCA SILICON VALLEY 375 S 3RD ST. SAN JOSE, CA 95112	94-1186196	501(C)3	0.	4,817.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TOYS AND CLOTHING	3528	0.	94,409.	FMV	HOLIDAY WISH DRIVE

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

**PART I, LINE 2:**

THE ORGANIZATION MONITORS DISTRIBUTIONS TO THE AGENCIES VIA AN IDENTIFICATION AND SIGNOUT SHEET PROCESS THAT THE AGENCY COORDINATOR FACILITATES. THIS PROCEDURE IS ALIGNED AND MONITORED PER ANNUAL AUDIT GUIDELINES THAT IS CONFIRMED DURING AGENCY (INTERVIEW) VISITS TO ENSURE THAT AGENCIES ARE FOLLOWING FAMILY GIVING TREE'S DISTRIBUTION POLICIES. IN ADDITION, PARTICIPATION AGREEMENTS EXPRESSLY STATE "WHEN YOUR AGENCY ACCEPTS GIFTS FROM THE FAMILY GIVING TREE'S HOLIDAY WISH DRIVE, YOU BECOME A PARTNER IN EXECUTING FAMILY GIVING TREE'S MISSION THROUGH THIS

**Part IV** Supplemental Information

PARTNERSHIP WITH US, YOU ARE RESPONSIBLE FOR, AND EXPECTED TO DELIVER GIFTS  
TO YOUR CLIENTS "

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2015**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

**THE FAMILY GIVING TREE**

Employer identification number

**77-0284682**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>	<b>X</b>	
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2015

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER CULLENBINE-PIETRASIK EXECUTIVE DIRECTOR	(i)	134,962.	16,000.	0.	3,119.	13,388.	167,469.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE SURVEY USED FOR COMPENSATION ANALYSIS IS "FAIR PAY FOR NORTHERN CALIFORNIA NONPROFITS."

PART I, LINE 4B:

JENNIFER CULLENBINE-PIETRASKE PARTICIPATED IN THE 457(F) PLAN BUT DID NOT RECEIVE DEFERRED COMPENSATION DURING THE YEAR.



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2015**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **THE FAMILY GIVING TREE** Employer identification number **77-0284682**

**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				
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>TOY &amp; CLOTHIN</u> )	X	57,336	1,733,915 . FMV	
26 Other ▶ ( <u>BACKPACKS</u> )	X	10,726	903,925 . FMV	
27 Other ▶ ( <u>GIFT CARDS</u> )	X	578	36,641 . FMV	
28 Other ▶ ( )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		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 non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not 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 M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS REPRESENTS THE NUMBER OF DONATED ITEMS

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

FORM 990, PART I, LINE 6:

THE ORGANIZATION MAINTAINS VOLUNTEER REGISTRATION SOFTWARE TO TRACK  
VOLUNTEER INFORMATION AND THE NUMBER OF VOLUNTEER HOURS SERVED.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MISSION, THE ORGANIZATION CONDUCTS TWO ANNUAL DRIVES A BACK-TO-SCHOOL  
DRIVE AND HOLIDAY WISH DRIVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DRIVE LEADERS (INDIVIDUALS, SOCIAL GROUPS AND BUSINESSES) WHO DISPLAY  
WISH CARDS - OFTEN ON HOLIDAY TREES IN A PUBLIC AREA, SUCH AS A  
BUSINESS LOBBY. BY SELECTING A WISH CARD, AN INDIVIDUAL COMMITS TO  
PURCHASE A GIFT TO DONATE FOR THOSE MOST UNDERSERVED DURING THE  
HOLIDAYS. THE ORGANIZATION HOSTED APPROXIMATELY 6,700 VOLUNTEERS IN  
120,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2015 (7,200  
VOLUNTEERS IN 120,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN  
DECEMBER 2014) WHERE THE DONATED GIFTS ARE THEN SORTED, WRAPPED AND  
DISPERSED TO THE ORGANIZATION'S AGENCY PARTNERS FOR DISTRIBUTION. IN  
ADDITION, THE ORGANIZATION MAINTAINS A VIRTUAL GIVING TREE ON ITS  
WEBSITE WWW.FAMILYGIVINGTREE.ORG DURING THE YEARS ENDED MARCH 31, 2016  
AND 2015, THE ORGANIZATION PROVIDED HOLIDAY GIFTS TO APPROXIMATELY  
72,700 AND 71,600 CHILDREN, RESPECTIVELY. THE ORGANIZATION ALSO  
SUPPORTED 400 LOW-INCOME CHILDREN IN AUSTIN, TEXAS THROUGH A SPECIAL  
OUTREACH INITIATIVE DURING THE MOST RECENT HOLIDAY WISH DRIVE.

Name of the organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
--	--

## FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

33,300 K-12 STUDENTS, WHO QUALIFY FOR THE FEDERAL FREE AND REDUCED PRICE MEAL PROGRAM MORE THAN 410 DRIVE LEADERS VOLUNTEERED TO ASSIST IN DISPLAYING BACKPACK AND SCHOOL SUPPLY LIST CARDS TO SUPPORT THE GOAL OF THE BACK-TO-SCHOOL DRIVE. THE ORGANIZATION HOSTED APPROXIMATELY 1,100 VOLUNTEERS IN AUGUST 2015 AND 2014, TO SORT, FILL AND DISTRIBUTE THE BACKPACKS TO QUALIFYING SCHOOLS. APPROXIMATELY 250 SCHOOLS AND NONPROFIT AGENCIES RECEIVED THE FILLED BACKPACKS FOR DISTRIBUTION TO QUALIFYING K-12 STUDENTS. IN 2014, THE ORGANIZATION EXPANDED THEIR COMMITMENT TO IGNITING A PASSION FOR LEARNING IN UNDERSERVED K-5 STUDENTS THROUGH THEIR FIRST-ANNUAL BOOKS-FOR-BACKPACKS CAMPAIGN. BOOKS-FOR-BACKPACKS ALLOWED THE ORGANIZATION TO PLACE A BRAND-NEW, AGE-APPROPRIATE BOOK IN NEARLY 15,500 BACKPACKS DISTRIBUTED BY THE ORGANIZATION TO LOW-INCOME K-5 STUDENTS. BY PROVIDING BOOKS TO SUPPORT AND ENCOURAGE READING IN THE HOME, WHERE MANY LOW-INCOME STUDENTS DO NOT HAVE ACCESS TO AGE-APPROPRIATE READING MATERIAL, THE CAMPAIGN ADDRESSED A SERIOUS EDUCATIONAL ISSUE AMONG LOW-INCOME STUDENTS.

## FORM 990, PART VI, SECTION B, LINE 11:

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND A COPY IS EMAILED TO EACH MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING

## FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AT A REGULARLY SCHEDULED BOARD MEETING. COMPLETED DISCLOSURES ARE COLLECTED DURING THE MEETING. ANYONE ABSENT IS SENT A COPY FOR COMPLETION. DISCLOSURE SHOULD BE MADE TO THE EXECUTIVE DIRECTOR (OR TO THE BOARD CHAIR), WHO SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL. DISCLOSURE INVOLVING

Name of the organization <b>THE FAMILY GIVING TREE</b>	Employer identification number <b>77-0284682</b>
---	---

BOARD MEMBERS SHOULD BE MADE TO THE BOARD CHAIR WHO SHALL BRING THE MATTER TO THE BOARD TO DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL. IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, THE BOARD WILL DETERMINE WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO THE FAMILY GIVING TREE. IT WILL BE UP TO THE BOARD'S SOLE DISCRETION TO DETERMINE THE MATTER, TAKING INTO CONSIDERATION THE WELFARE OF THE ORGANIZATION AND THE ADVANCEMENT OF ITS PURPOSE.

FORM 990, PART VI, SECTION B, LINE 15:

THE GOVERNANCE COMMITTEE PERIODICALLY REVIEWS THE SURVEY OF SALARIES FOR ORGANIZATION OF OUR KIND AND SIZE

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS, ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE.

FORM 990, PART XII, LINE 2C:

THE ORGINIZATION MAINTAINS AN AUDIT COMMITTEE THAT ASSUMES OVERSIGHT OVER THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OVER THE INDEPENDENT ACCOUNTANTS. NO CHANGE TO THE PROCESS OCCURED IN 2016.