

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **APR 1, 2016** and ending **MAR 31, 2017**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE FAMILY GIVING TREE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 606 VALLEY WAY City or town, state or province, country, and ZIP or foreign postal code MILPITAS, CA 95035	D Employer identification number 77-0284682
	F Name and address of principal officer: JENNIFER PIETRASIK SAME AS C ABOVE	E Telephone number 4089463111
	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	G Gross receipts \$ 5,461,594.
J Website: ▶ FAMILYGIVINGTREE.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶		H(c) Group exemption number ▶
	L Year of formation: 1991	M State of legal domicile: CA

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: FULFILL THE WISHES OF CHILDREN IN NEED WHILE INSPIRING PHILANTHROPY, KINDNESS, AND VOLUNTEERISM		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	27
	6	Total number of volunteers (estimate if necessary)	6	7867
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,535,261.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,335.	5,727.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,537,596.	5,461,594.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,337,963.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,332,944.	1,311,383.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 326,682.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	656,090.	853,726.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,326,997.	5,697,467.
	19	Revenue less expenses. Subtract line 18 from line 12	210,599.	-235,873.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,661,616.	End of Year 1,431,735.
	21	Total liabilities (Part X, line 26)	238,350.	233,696.
	22	Net assets or fund balances. Subtract line 21 from line 20	1,423,266.	1,198,039.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	▶ Signature of officer JESS GUTIERREZ, CFO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name JESSICA CASSINELLI	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01976621
	Firm's name ▶ ROBERT LEE & ASSOCIATES, LLP	Firm's EIN ▶ 27-1155496			
	Firm's address ▶ 999 W. TAYLOR STREET, SUITE A SAN JOSE, CA 95126		Phone no. 408-855-6770		

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: FAMILY GIVING TREE ASSISTS CHILDREN FROM LOW INCOME BAY AREA FAMILIES THROUGH THE SEASONAL DONATION OF SPECIFIC 'WISHED-FOR' HOLIDAY GIFTS, AS WELL AS SCHOOL BACKPACKS FILLED WITH GRADE-APPROPRIATE SUPPLIES. SINCE 1970, THE ORGANIZATION HAS EXPANDED TO BENEFIT NEARLY 400 SOCIAL

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 \$ 2,846,990. including grants of \$ 2,235,054.) (Revenue \$) HOLIDAY WISH DRIVE - 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 NON-PROFIT ORGANIZATIONS) AND SCHOOLS TO SUPPORT ITS HOLIDAY WISH DRIVE. THESE AGENCIES AND SCHOOLS SUPPLY THE ORGANIZATION WITH THE NAME 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 DRIVE LEADERS

4b (Code:) (Expenses \$ 1,991,320. including grants of \$ 1,297,304.) (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 CHILDREN 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 -

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

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

4e Total program service expenses 4,838,310.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding (1a-1c), employee reporting (2a-2b), unrelated business income (3a-3b), foreign accounts (4a-4b), prohibited tax shelter transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), and section 501(c)(7), (12), (11), (12a), (29) organizations (10-14b).

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (6), 1b (6), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA, OR
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.
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

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) JOYCE ALLEGRO CHAIR	2.00	X		X				0.	0.	0.
(2) WILLIAM CILKER TREASURER	2.00	X		X				0.	0.	0.
(3) LARRY SACKS SECRETARY	2.00	X		X				0.	0.	0.
(4) DAN BURKE DIRECTOR	2.00	X						0.	0.	0.
(5) KAMINI SANDHU DIRECTOR	2.00	X						0.	0.	0.
(6) NIALL FAGAN DIRECTOR	2.00	X						0.	0.	0.
(7) JENNIFER CULLENBINE-PIETRASIK EXECUTIVE DIRECTOR	40.00			X			152,000.	0.	3,040.	
(8) JESS GUTIERREZ CHIEF FINANCIAL OFFICER	21.00			X			74,000.	0.	1,480.	

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			
1b Sub-total							226,000.	0.	4,520.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							226,000.	0.	4,520.	

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
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,455,867.					
	g Noncash contributions included in lines 1a-1f: \$	2,865,008.					
	h Total. Add lines 1a-1f	▶	5,455,867.				
Program Service Revenue	2 a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,054.			1,054.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		4,673.			
		c Gain or (loss)		0.			
		d Net gain or (loss)	▶	4,673.			4,673.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events	▶				
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities		▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d	▶					
12 Total revenue. See instructions.	▶	5,461,594.	0.	0.	5,727.		

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	3,382,950.	3,382,950.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	149,408.	149,408.		
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	226,002.	112,469.	88,200.	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	851,255.	517,128.	195,141.	138,986.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,393.	11,918.	5,364.	3,111.
9 Other employee benefits	126,397.	65,299.	39,531.	21,567.
10 Payroll taxes	87,336.	50,659.	22,743.	13,934.
11 Fees for services (non-employees):				
a Management	175,238.	91,058.	42,295.	41,885.
b Legal	3,567.		3,567.	
c Accounting	23,090.		23,090.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	159,900.	149,170.	10,730.	
13 Office expenses	22,448.	7,790.	5,889.	8,769.
14 Information technology	83,555.	11,719.	35,635.	36,201.
15 Royalties				
16 Occupancy	55,415.	32,514.	14,495.	8,406.
17 Travel	45,932.	27,054.	9,396.	9,482.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,312.	2,582.	12,095.	6,635.
20 Interest	40.		40.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,987.	19,279.	8,676.	5,032.
23 Insurance	24,383.	14,251.	6,413.	3,719.
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 PRINTING	118,103.	117,294.	523.	286.
b PROGRAM & OFFICE SUPPLI	55,499.	45,040.	7,152.	3,307.
c BANK & MERCHANT FEES	32,257.	30,728.	1,500.	29.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,697,467.	4,838,310.	532,475.	326,682.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	908,066.	1	579,575.
	2 Savings and temporary cash investments	375,034.	2	275,546.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,690.	4	0.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	22,453.	8	73,044.
	9 Prepaid expenses and deferred charges	9,739.	9	33,809.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 351,740.		
	b Less: accumulated depreciation	10b 170,117.	48,768.	10c 181,623.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	156,843.	12	170,773.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	119,023.	15	117,365.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,661,616.	16	1,431,735.	
Liabilities	17 Accounts payable and accrued expenses	126,621.	17	121,396.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	111,729.	25	112,300.
	26 Total liabilities. Add lines 17 through 25	238,350.	26	233,696.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,361,266.	27	1,136,039.
	28 Temporarily restricted net assets	62,000.	28	62,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,423,266.	33	1,198,039.	
34 Total liabilities and net assets/fund balances	1,661,616.	34	1,431,735.	

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	5,461,594.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,697,467.
3	Revenue less expenses. Subtract line 2 from line 1	3	-235,873.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,423,266.
5	Net unrealized gains (losses) on investments	5	10,646.
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	1,198,039.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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.
- 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?
- 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

	Yes	No
1		
2a		X
b		X
c		
3a		X
3b		

Form 990 (2016)

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4072060.	4376021.	6014911.	5535261.	5455867.	25454120.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4072060.	4376021.	6014911.	5535261.	5455867.	25454120.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						340,721.
6 Public support. Subtract line 5 from line 4.						25113399.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	4072060.	4376021.	6014911.	5535261.	5455867.	25454120.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,630.	2,005.	2,059.	1,300.	1,054.	9,048.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	804.					804.
11 Total support. Add lines 7 through 10						25463972.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.62 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	99.95 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
2 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>		
3a 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 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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 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>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c 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>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c 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>		

Section B. Type I Supporting Organizations

	Yes	No
1 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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 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>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (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	Distributable Amount. 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

Multiple horizontal lines for providing additional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

2016

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>161,768.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2016

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		38,188.	12,284.	25,904.
d Equipment				
e Other		313,552.	157,833.	155,719.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				181,623.

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	170,773.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	170,773.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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	112,300.
(2) DEPOSITS	4,850.
(3) LOANS RECEIVABLE	215.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	117,365.

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	112,300.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	112,300.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

OMB No. 1545-0047

2016

**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.

1 (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 noncash assistance	(h) Purpose of grant or assistance
AGAPE VILLAGES FOSTER FAMILY AGENCY - 11875 DUBLIN BLVD. - DUBLIN, CA 94568	68-0226944	501(C)(3)	0.	7,327.	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.	7,327.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALLIANCE ACADEMY 1800 98TH AVE. OAKLAND, CA 94603	94-6000385	501(C)(3)	0.	6,607.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
ALUM ROCK EDUCATIONAL FOUNDATION PO BOX 56178 SAN JOSE, CA 95156	77-0523774	501(C)(3)	0.	7,766.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALUM ROCK SCHOOL DISTRICT - MIGRANT EDUCATION - 2930 GAY AVENUE - SAN JOSE, CA 95127	77-0016360	ARUSD	0.	8,258.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
AMERICAN INDIAN ALLIANCE 467 SARATOGA AVENUE, SUITE 626 SAN JOSE, CA 95129	77-0475265	501(C)(3)	0.	11,283.	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) (2016)

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
ANNIE'S FUND - VMC FOUNDATION 2400 MOORPARK AVE., SUITE 207 SAN JOSE, CA 95128	77-0187890	501(C)(3)	0.	7,913.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
APTITUD@ GOSS 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	11,576.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
APTITUD@ GOSS 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	6,607.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
ARRIBA JUNTOS 1850 MISSION STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0.	14,654.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ASPIRE EAST PALO ALTO CHARTER 1286 RUNNYMEDE ST. EAST PALO ALTO, CA 94303	94-3311088	RCSD	0.	24,510.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
BELLE HAVEN ELEMENTARY 415 IVY DR. MENLO PARK, CA 94025	77-0209800	RCSD	0.	20,084.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
BLACKFORD ELEMENTARY SCHOOL 1970 WILLOW STREET SAN JOSE, CA 95125	94-2239786	CUSD	0.	6,607.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
BOYS & GIRLS CLUB OF SV - SMYTHE (EASTSIDE UNIT) - 2195 CUNNINGHAM AVENUE - SAN JOSE, CA 95122	94-1294898	501(C)(3)	0.	7,766.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BRENTWOOD ACADEMY 2086 CLARKE AVE. EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	17,706.	FMV	BACKPACKS & 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
CALIFORNIA YOUTH OUTREACH PROJECT PRIDE - 1560 BERGER DRIVE - SAN JOSE, CA 95112	77-0170677	501(C)(3)	0.	5,861.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CARITAS FELICES 134 SOUTH 20TH STREET SAN JOSE, CA 95116	95-4324104	501(C)(3)	0.	25,058.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER - 921 SOUTH FIRST STREET, SUITE #B - SAN JOSE, CA 95110	94-2762269	501(C)(3)	0.	8,059.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTRAL VALLEY PROJECT 655 JORDAN AVE TURLOCK, CA 95380	94-3454932	501(C)(3)	0.	82,060.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CESAR CHAVEZ ELEMENTARY - EAST PALO ALTO - 2450 RALMAR ST. - EAST PALO ALTO, CA 94303	77-0209800	RCSD	0.	8,258.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
CESAR CHAVEZ ELEMENTARY - SAN JOSE 2000 KAMMERER DR. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	9,480.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)(3)	0.	6,594.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY OF SAN JOSE YOUTH INTERVENTION SERVICES - 137 N. WHITE RD. - SAN JOSE, CA 95127	94-6000419	CITY OF SAN JOSE	0.	5,275.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY OF SAN PABLO - YOUTH SERVICES 13831 SAN PABLO AVE., BLDG 6 SAN PABLO, CA 94806	94-6000423	CITY OF SAN PABL	0.	13,188.	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
CITY TEAM MINISTRIES - OAKLAND 722 WASHINGTON ST. OAKLAND, CA 94607	94-1501265	501(C)(3)	0.	14,654.	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.	176,048.	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.	29,796.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
CLYDE ARBUCKLE ELEMENTARY 1970 CINDERELLA LANE SAN JOSE, CA 95116	77-0016360	ARUSD	0.	7,994.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
CLYDE FISCHER MIDDLE SCHOOL 1720 HOPKINS DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	10,273.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
COLONIAL ACRES ELEMENTARY 17115 MEEKLAND AVE. HAYWARD, CA 94541	94-2221906	SLUSD	0.	8,258.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
COMMUNITY UNITED SAN JOSE - STARBIRD - 1050 BOYNTON AVE - SAN JOSE, CA 95117	20-4367250	501(C)(3)	0.	9,525.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COMPASS FAMILY SERVICES 49 POWELL ST., 3RD FLOOR SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	0.	7,895.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
CONNECT COMMUNITY CHARTER SCHOOL 635 OAKSIDE AVE. REDWOOD CITY, CA 94063	45-5252714	CONNECT COMMUNIT	0.	6,276.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE

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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
COPS THAT CARE 1000 VILLA ST MOUNTAIN VIEW, CA 94041	94-6000379	501(C)(3)	0.	10,258.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COPS THAT CARE (MOUNTAIN VIEW POLICE) - 1000 VILLA ST - MOUNTAIN VIEW, CA 94041	94-6000379	501(C)(3)	0.	33,703.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COSTANO ELEMENTARY 2695 FORDHAM ST. EAST PALO ALTO, CA 94303	77-0209800	RCSD	0.	17,640.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
CRITTENDEN MIDDLE SCHOOL 1701 ROCK STREET MOUNTAIN VIEW, CA 94043	93-0991812	MVUSD	0.	11,000.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
CROSSROAD CALVARY CHURCH 990 S. CAPITOL AVE. SAN JOSE, CA 95127	77-0536018	501(C)(3)	0.	8,206.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CROSSSTREETS NEIGHBORHOOD SERVICES 20600 JOHN DR. CASTRO VALLEY, CA 94546	46-4625474	501(C)(3)	0.	5,861.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CURRY SENIOR CENTER 333 TURK STREET SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	0.	13,393.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DALLAS RANCH MIDDLE 1401 MOUNT HAMILTON DR. ANTIOCH, CA 94531		AUSD	0.	9,910.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
DELANCEY STREET SAN FRANCISCO 600 EMBARCADERO SAN FRANCISCO, CA 94107	23-7102690	501(C)(3)	0.	9,408.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

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DELIVERING INNOVATION IN SUPPORTIVE HOUSING (DISH) - 232 EDDY STREET - SAN FRANCISCO, CA 94102	47-3340210	501(C)(3)	0.	12,485.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DONALD J. MEYER ELEMENTARY 1824 DAYTONA DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	10,703.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	ARUSD	0.	16,002.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	ARUSD	0.	11,231.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
DOWNTOWN COLLEGE PREP - ALUM ROCK 1776 EDUCATIONAL PARK DRIVE BUILDIN SAN JOSE, CA 95133	77-0517240	SJUSD	0.	6,276.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
DOWNTOWN COLLEGE PREP - SAN JOSE 1460 THE ALAMEDA SAN JOSE, CA 95126	94-6002606	SJUSD	0.	5,285.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
DOWNTOWN COLLEGE PREP MIDDLE - ALUM ROCK - 2888 OCALA AVE. - SAN JOSE, CA 95148	77-0517240	501(C)(3)	0.	13,874.	FMV	BACKPACKS & 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.	7,598.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
EAST PALO ALTO COMMUNITY SERVICE CENTER - 22865 FIRST STREET - HAYWARD, CA 94541	23-7006613	501(C)(3)	0.	29,307.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

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ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVE. EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	49,998.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ECUMENICAL HUNGER PROGRAM (OCTOBER) - 2411 PULGAS AVE. - EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	43,961.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ESCUELA POPULAR CHILD DEVELOPMENT CENTER - 149 N. WHITE RD. - SAN JOSE, CA 95127	95-2864814	ESUHS	0.	7,796.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ESCUELA POPULAR DUAL LANGUAGE ACADEMY - 467 N. WHITE RD. - SAN JOSE, CA 95127	77-0354277	501(C)(3)	0.	9,525.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EVERGREEN SCHOOL DISTRICT 3188 QUIMBY RD. SAN JOSE, CA 95148	77-0225132	ESD	0.	8,258.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
FAIR OAKS ELEMENTARY 2950 FAIR OAKS AVE. REDWOOD CITY, CA 94063	94-3084018	501(C)(3)	0.	14,865.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
FOOTHILL RANCH MIDDLE 5001 DIABLO DR. SACRAMENTO, CA 95842	30-0475870	TRUSD	0.	11,000.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
FRANKLIN-MCKINLEY SCHOOL DISTRICT 645 WOOL CREEK DR. SAN JOSE, CA 95112		FMSD	0.	16,516.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
GABRIELA MISTRAL ELEMENTARY SCHOOL 505 ESCUELA AVE MOUNTAIN VIEW, CA 94040		MVWSD	0.	9,580.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE

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GARDNER COMMUNITY CENTER 520 WEST VIRGINIA STREET SAN JOSE, CA 95125	94-6000419	501(C)(3)	0.	5,129.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GEORGE MAYNE 5030 NORTH 1ST STREET/PO BOX 1300 ALVISO, CA 95002	77-0219105	501(C)(3)	0.	13,213.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
GLIDE - FAMILY YOUTH AND CHILDCARE CENTER - 330 ELLIS ST. - SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	7,796.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GLIDE MEMORIAL CHURCH 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	36,634.	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.	5,774.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GREEN OAKS ACADEMY 2450 RALMAR STREET EAST PALO ALTO, CA 94303	77-0209800	RCSD	0.	8,258.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)(3)	0.	7,327.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)(3)	0.	6,607.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
HAVEN OF PEACE 7070 SOUTH HARLAN RD. FRENCH CAMP, CA 95231	94-1505847	501(C)(3)	0.	7,327.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

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

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HENRY ELEMENTARY SCHOOL 1060 SE 24TH AVENUE HILLSBORO, OR 97123	93-6001037	SUSD	0.	9,315.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)(3)	0.	8,059.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HORACE MANN ELEMENTARY - SAN JOSE 55 NORTH 7TH STREET SAN JOSE, CA 95112	94-6002606	SJUSD	0.	5,285.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
JOHN J. MONTGOMERY ELEMENTARY 2010 DANIEL MALONEY DR. SAN JOSE, CA 95121	77-0225132	EESD	0.	8,919.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
KAISER PERMANENTE - ONCOLOGY DEPT. 710 LAWRENCE EXPRESSWAY SANTA CLARA, CA 95051	94-1105628	501(C)(3)	0.	10,052.	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.	8,792.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KONA NEIGHBORHOOD ASSOCIATION 2102 INMAN WAY SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	7,327.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LAIRON COLLEGE PREP 3975 MIRA LOMA SAN JOSE, CA 95111		FMSD	0.	5,715.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
LATINO COLLEGE PREPARATORY ACADEMY 14271 STORY RD. SAN JOSE, CA 95127	95-2864814	ESUHSD	0.	5,120.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE

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LEGACY 1305 EVANS AVENUE SAN FRANCISCO, CA 94124	94-6000417	501(C)(3)	0.	5,979.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LIFEMOVES OPPORTUNITY CENTER 33 ENCINA AVE. PALO ALTO, CA 94301	77-0160469	501(C)(3)	0.	5,334.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LIGHTHOUSE HOUSING CORPORATION, INC. - 725 SCHEMBRI LANE - PALO ALTO, CA 94303	20-4555993	501(C)(3)	0.	15,474.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LIGHTHOUSE HOUSING CORPORATION, INC. - 725 SCHEMBRI LANE - PALO ALTO, CA 94303	20-4555993	501(C)(3)	0.	6,607.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
LOS ROBLES MAGNET ACADEMY 2450 RALMAR AVE. EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	13,709.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
LOWELL ELEMENTARY SCHOOL - SEATTLE 1058 E. MERCER ST. SEATTLE, WA 98102		SPSD	0.	5,880.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
LUTHER BURBANK SCHOOL 4 WABASH AVE. SAN JOSE, CA 95128	77-0323113	LBSD	0.	6,111.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
MARIANO CASTRO ELEMENTARY 505 ESCUELA AVE. MOUNTAIN VIEW, CA 94040	93-0991812	501(C)(3)	0.	11,562.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
MARINA MIDDLE SCHOOL 3500 FILLMORE ST. SAN FRANCISCO, CA 94123	90-0904015	SFUSD	0.	5,946.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE

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MARLBOROUGH PUBLIC SCHOOL DISTRICT 17 WASHINGTON STREET MARLBOROUGH, MA 01752		MPSD	0.	49,549.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
MATHSON MIDDLE SCHOOL 2050 KAMMERER AVE. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	7,432.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
MIGRANT EDUCATION PROGRAM 1290 RIDDER PARK DR. SAN JOSE, CA 95131	77-0272168	501(C)(3)	0.	7,913.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MILPITAS FIREFIGHTERS TOY PROGRAM 777 SOUTH MAIN STREET MILPITAS, CA 95035	26-0267135	501(C)(3)	0.	27,549.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MISSION NEIGHBORHOOD CENTERS/HEAD START - 362 CAPP STREET - SAN FRANCISCO, CA 94110	94-1408150	501(C)(3)	0.	12,133.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MOMENTUM FOR MENTAL HEALTH 2001 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)(3)	0.	8,792.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MONTA LOMA ELEMENTARY SCHOOL 460 THOMPSON AVE. MOUNTAIN VIEW, CA 94043	93-0991812	MVWSD	0.	6,607.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
MULTICULTURAL COUNSELING AND EDUCATIONAL SERVICES - 247 DAPHNE WAY - EAST PALO ALTO, CA 94303	35-2514663	501(C)(3)	0.	5,422.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NEW BIRTH RECOVERY HOME 95 S. 20TH STREET SAN JOSE, CA 95116	77-0452807	MHUSD	0.	15,093.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

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NEW LIFE CHRISTIAN DAY CARE 1905 SEMINARY AVE #1 OAKLAND, CA 94621	94-3402980	501(C)(3)	0.	8,792.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NEW MISSION OUTREACH 3098 FLORENCE AVENUE SAN JOSE, CA 95127	77-0184095	501(C)(3)	0.	78,543.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
OAKLAND PUBLIC EDUCATION FOUNDATION - 1000 BROADWAY - OAKLAND, CA 94607	43-2014630	501(C)(3)	0.	9,910.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
OCALA MIDDLE SCHOOL 2800 OCALA AVE. SAN JOSE, CA 95148	77-0016360	ARUSD	0.	10,835.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
OS HUBBARD ELEMENTARY SCHOOL 1680 FOLEY AVE SAN JOSE, CA 95122	77-0016360	ARUSD	0.	14,566.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
OS HUBBARD ELEMENTARY SCHOOL 1680 FOLEY AVE SAN JOSE, CA 95122	77-0016360	ARUSD	0.	5,946.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
PARENT PROJECT 70 WEST HEDDING ST., WEST WING SAN JOSE, CA 95110	94-2864814	501(C)(3)	0.	6,242.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PARENTS HELPING PARENTS 1400 PARKMOOR AVE., SUITE 100 SAN JOSE, CA 95126	94-2814246	501(C)(3)	0.	7,327.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PASEO SENTER 1898 SENTER RD. SAN JOSE, CA 95112	30-0261199	501(C)(3)	0.	5,275.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

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PATHWAY SOCIETY, INC. 1659 SCOTT BLVD., SUITE 30 SANTA CLARA, CA 95050	94-1688522	501(C)(3)	0.	35,315.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PENINSULA FAMILY SERVICE - EARLY LEARNING CENTER - 24 SECOND AVE. - SAN MATEO, CA 94401	94-1186169	501(C)(3)	0.	5,803.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PORTOLA FAMILY CONNECTIONS 2565 SAN BRUNO AVE. SAN FRANCISCO, CA 94134	94-3213689	501(C)(3)	0.	5,861.	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.	7,210.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PROJECT WE HOPE 1836 BAY ROAD, SUITE D EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	0.	6,155.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
RANCHO MILPITAS MIDDLE SCHOOL 1915 YELLOWSTONE AVENUE MILPITAS, CA 95035	77-0289955	MUSD	0.	7,972.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
RAYMUS HOUSE - HOPE FAMILY SHELTER 520 S. UNION ST. MANTECA, CA 95337	68-0235846	501(C)(3)	0.	7,327.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
REDWOOD CITY SCHOOL DISTRICT 750 BRADFORD ST. REDWOOD CITY, CA 94063	94-3084018	RCSD	0.	6,607.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
ROBERT SANDERS ELEMENTARY 3411 ROCKY MOUNTAIN DR. SAN JOSE, CA 95127	77-0441284	MPESD	0.	16,516.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE

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RODEO YOUTH MENTORING PROGRAM 142 GARRETSON AVE. RODEO, CA 94572	33-1083297	501(C)(3)	0.	5,070.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
RONALD MCNAIR ACADEMY 2033 PULGAS AVE. EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	7,399.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
SAN ANTONIO ELEMENTARY SCHOOL 1721 E. SAN ANTONIO ST. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	9,084.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
SAN FRANCISCO CITY ACADEMY 230 JONES ST. SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	8,258.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	98,472.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN FRANCISCO CITY IMPACT (OCTOBER) - 230 JONES ST. - SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	21,980.	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.	61,871.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
SANTA CLARA COUNTY PUBLIC HEALTH DEPT REGION 5 - 614 TULLY ROAD - SAN JOSE, CA 95111	94-6000533	SANTA CLARA COUN	0.	8,792.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SCOTT LANE ELEMENTARY 1925 SCOTT BLVD. SANTA CLARA, CA 95050	77-0219105	SCUSD	0.	7,994.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE

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SNI - HANK LOPEZ COMMUNITY CENTER 2039 KAMMERER AVE. SAN JOSE, CA 95116	94-6000419	CITY OF SAN JOSE	0.	5,861.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - MEADOWFAIR NEIGHBORHOOD ASSOCIATION - 2696 S. KING RD - SAN JOSE, CA 95122	77-0427923	CITY OF SAN JOSE	0.	5,861.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - SANTEE CAT 2028 BIKINI AVE. SAN JOSE, CA 95122	77-0427923	CITY OF SAN JOSE	0.	7,327.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	0.	7,598.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
SUNDAY FRIENDS P.O. BOX 24887 SAN JOSE, CA 95154	77-0518937	501(C)(3)	0.	35,169.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SUNDAY FRIENDS P.O. BOX 24887 SAN JOSE, CA 95154	77-0518937	501(C)(3)	0.	19,820.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501(C)(3)	0.	24,911.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	10,405.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
TAFT ELEMENTARY 903 10TH AVENUE REDWOOD CITY, CA 94063	94-3084018	RCESD	0.	5,616.	FMV	BACKPACKS & 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
TENDERLOIN NEIGHBORHOOD DEVELOPMENT CORPORATION (TNDC) - 201 EDDY STREET - SAN FRANCISCO, CA 94102	94-2761808	501(C)(3)	0.	5,422.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE CLOTHES CLOSET 80 YALE RD. PALO ALTO, CA 94025	77-0033628	501(C)(3)	0.	8,821.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE HOUSE MODESTO 1601 COFFEE RD. MODESTO, CA 95355	94-1294940	501(C)(3)	0.	43,961.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THOMAS P. RYAN ELEMENTARY SCHOOL 1241 MCGINNESS AVE. SAN JOSE, CA 95127	77-0016360	ARUSD	0.	8,655.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
VALLEY HOUSE REHABILITATION CENTER 991 CLYDE AVENUE SANTA CLARA, CA 95054	23-2779765	501(C)(3)	0.	5,891.	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.	5,861.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
W. VERNE MCKINNEY ELEMENTARY 535 NW DARNIELLE STREET HILLSBORO, OR 97124		501(C)(3)	0.	9,348.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
WASHINGTON ELEMENTARY SCHOOL 100 OAK ST. SAN JOSE, CA 95110	94-6002606	SJUSD	0.	16,353.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WASHINGTON ELEMENTARY SCHOOL 100 OAK ST. SAN JOSE, CA 95110	94-6002606	SJUSD	0.	16,516.	FMV	BACKPACKS & 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
WASHOE NATIVE TANF PROGRAM - SANTA CLARA COUNTY - 2480 N. 1ST ST. #140 - SAN JOSE, CA 95131	88-0120754	501(C)(3)	0.	10,726.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WEST EVERGREEN NEIGHBORHOOD ASSOCIATION - 2679 ALVIN AVENUE - SAN JOSE, CA 95121		CITY OF SAN JOSE	0.	7,327.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WESTSIDE AFTERSCHOOL PROGRAM 603 MT. DIABLO AVE. SAN MATEO, CA 94401	94-2864632	501(C)(3)	0.	5,054.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
WILLOW OAKS ELEMENTARY 620 WILLOW ROAD MENLO PARK, CA 94025	94-3239876	RSCD	0.	23,288.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
WORLD IMPACT, INC. 1015 CAMPBELL ST. OAKLAND, CA 94607	95-2681237	501(C)(3)	0.	8,792.	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.	47,272.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
YWCA SILICON VALLEY 375 S 3RD ST. SAN JOSE, CA 95112	94-1186196	501(C)(3)	0.	7,561.	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 noncash assistance
TOYS AND CLOTHING	5098	0.	149,408.	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

2016

▶ 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.

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 (such as, 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 on 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2016

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 aren't 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)	152,000.	0.	0.	0.	10,336.	162,336.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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-PIETRASIK 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

2016

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.

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 & CLOTHIN</u>)	X	76,263	2,414,523.	FMV
26 Other ▶ (<u>BACKPACKS</u>)	X	10,745	853,199.	FMV
27 Other ▶ (<u>GIFT CARDS</u>)	X	568	53,827.	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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Horizontal lines for supplemental information input.

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.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

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

SERVICE AGENCIES (COMMUNITY CENTERS, HOMELESS AGENCIES, OTHER
NON-PROFIT ORGANIZATIONS) AND SCHOOLS.

GIFTS AND BACKPACKS ARE GENERATED THROUGH TWO MAJOR ANNUAL DRIVES, WITH
INDIVIDUALS, CORPORATIONS AND OTHER ORGANIZATIONS DONATING ACTUAL
GOODS, CASH AND/OR VOLUNTEER HOURS. IN 2017, FGT WILL SUPPLY LOW INCOME
CHILDREN AND ADULTS WITH 40,000 BACKPACKS AND APPROXIMATELY 80,000
HOLIDAY GIFTS, MAKING IT THE BAY AREA'S LARGEST PROVIDER OF THESE
DONATED GOODS. FGT WILL ALSO HARNESS THE POWER OF OVER 8,000
VOLUNTEERS, BOTH ADULTS AND CHILDREN, IN KEEPING WITH ITS COMMITMENT TO
IMBUE A LIFELONG APPRECIATION FOR VOLUNTEERISM.

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

(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 6,500 VOLUNTEERS IN 113,000
SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2016 WHERE THE
DONATED GIFTS ARE THEN SORTED, WRAPPED, AND DISBURSED 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 YEAR ENDED MARCH 31, 2017, THE ORGANIZATION PROVIDED HOLIDAY

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

GIFTS TO APPROXIMATELY 77,000 CHILDREN.

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

INCLUDING STEM (SCIENCE, TECHNOLOGY, ENGINEERING, AND MATHEMATICS)

SUPPLIES - TO APPROXIMATELY 39,000 K-12 STUDENTS, WHO QUALIFY FOR THE

FEDERAL FREE AND REDUCED PRICE MEAL PROGRAM, DURING THE YEAR ENDED

MARCH 31, 2017. 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 1,400 VOLUNTEERS IN 28,000 SQUARE

FEET OF DONATED WAREHOUSE SPACE IN AUGUST 2016 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.

CONTINUED: PART III, LINE 1

THE ORGANIZATION COUNTS MANY OF THE BAY AREA'S LEADING COMPANIES AMONG

ITS LOYAL SUPPORTERS, INCLUDING APPLE, CISCO, DOLBY, FACEBOOK, GOOGLE,

INTUIT, KAISER PERMANENTE, PAYPAL, SALESFORCE.COM, WELLS FARGO, WESTERN

DIGITAL AND MANY MORE. THE GENEROUS DONATION OF KEY ASSETS KEEPS

PROGRAM SPENDING IN CHECK, ESPECIALLY THE DONATION OF OVER 150,000

SQUARE FEET OF WAREHOUSE SPACE TO HOUSE VOLUNTEERS AND MANAGE TWO

DRIVES. IN A COMMUNITY KNOWN FOR HIGH-TECH PROWESS, FGT SUPPORTERS

ESPECIALLY APPRECIATE THE BACK-TO-SCHOOL DRIVE'S SUPPORT FOR 'STEAM'

(SCIENCE, TECHNOLOGY, ART, ENGINEERING AND MATH) IN THE CLASSROOM.

FOR THE FIFTH CONSECUTIVE YEAR, FAMILY GIVING TREE RECENTLY WAS RATED

'FOUR STARS' BY CHARITY NAVIGATOR, THE HIGHEST SCORE POSSIBLE FOR A

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

NONPROFIT.

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

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 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

Name of the organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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FORM 990 IS POSTED ON THE ORGANIZATION'S WEBSITE.

PART XII, LINE 2B

THIS WAS MARKED "NO" AS A 13 MONTH AUDIT WAS PERFORMED (4/1/16 -
4/30/17) DUE TO A CHANGE IN FISCAL YEAR-END. THIS TAX PERIOD WAS
COVERED WITHIN THE AUDIT WITH THE EXCEPTION OF THE BALANCE SHEET AS OF
3/31/17. A SHORT-MONTH RETURN WILL BE FILED FOR 4/1/17-4/30/17 WHICH
WILL SHOW THE AUDITED BALANCE SHEET AMOUNTS.