

Form **990**

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

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **APR 1, 2013** and ending **MAR 31, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE FAMILY GIVING TREE</b>		<b>D</b> Employer identification number <b>77-0284682</b>
	Doing Business As		<b>E</b> Telephone number <b>(408) 946-3111</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code <b>MILPITAS, CA 95035</b>		<b>G</b> Gross receipts \$ <b>4,384,532.</b>
<b>F</b> Name and address of principal officer: <b>JENNIFER PIETRASIK SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>J</b> Website: <b>FAMILYGIVINGTREE.ORG</b>		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1991</b> <b>M</b> State of legal domicile: <b>CA</b>	

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FULFILL THE WISHES OF CHILDREN IN NEED WHILE INSPIRING PHILANTHROPY, KINDNESS, AND VOLUNTEERISM.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>5</b>	<b>23</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>7462</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>4,072,060.</b>	<b>4,376,021.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>0.</b>	<b>0.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>6,949.</b>	<b>8,511.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>804.</b>	<b>0.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>4,079,813.</b>	<b>4,384,532.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>2,383,000.</b>	<b>2,805,311.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>1,018,773.</b>	<b>995,653.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>258,738.</b>	<b>0.</b>	<b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>658,931.</b>	<b>552,582.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,060,704.</b>	<b>4,353,546.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>19,109.</b>	<b>30,986.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,208,731.</b>	<b>1,257,429.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>166,933.</b>	<b>177,320.</b>
		<b>1,041,798.</b>	<b>1,080,109.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>JENNIFER PIETRASIK, EXECUTIVE DIRECTOR</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MAGA E. KISRIEV</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01008919</b>
	Firm's name ▶ <b>HOOD &amp; STRONG LLP</b>	Firm's EIN ▶ <b>94-1254756</b>		Phone no. <b>415.781.0793</b>	
Firm's address ▶ <b>100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105</b>					

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FAMILY GIVING TREE (THE ORGANIZATION) IS A CALIFORNIA NONPROFIT PUBLIC BENEFIT ORGANIZATION FORMED IN 1990 TO HELP BRIGHTEN THE LIVES OF CHILDREN IN THE GREATER SAN FRANCISCO BAY AREA. THE ORGANIZATION IS DEDICATED TO FULFILLING THE WISHES OF LOW-INCOME CHILDREN WHO WOULD

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 2,490,932. including grants of \$ 1,822,115. ) (Revenue \$ ) HOLIDAY WISH PROGRAM THE ORGANIZATION WORKS WITH APPROXIMATELY 300 SOCIAL SERVICE AGENCIES. THESE AGENCIES SUPPLY THE ORGANIZATION WITH THE NAMES AND WISHES OF THE CHILDREN THEY SERVE YEAR-ROUND. A WISH CARD IS PRINTED FOR EACH CHILD, DETAILING AGE, GENDER, FIRST NAME AND HOLIDAY GIFT WISH. THESE WISHES ARE THEN DISPLAYED AT OVER 1,000 HOST COMPANIES AND SCHOOL LOCATIONS, OFTEN ON TREES, IN THEIR LOBBIES AND OTHER PUBLIC AREAS. IT IS THE GENEROSITY OF EMPLOYERS, EMPLOYEES, CUSTOMERS AND STUDENTS THAT MAKE THIS PROGRAM A SUCCESS. BY SELECTING A WISH CARD, INDIVIDUALS PLEDGE TO PURCHASE A GIFT FOR A CHILD IN NEED. IN ADDITION, THE ORGANIZATION MAINTAINS A VIRTUAL GIVING TREE ON ITS WEBSITE: WWW.FAMILYGIVINGTREE.ORG. THE ORGANIZATION HOSTED APPROXIMATELY 5,100

4b (Code: ) (Expenses \$ 1,373,908. including grants of \$ 983,196. ) (Revenue \$ ) BACK TO SCHOOL BACKPACK PROGRAM USING A SIMILAR METHOD OF OPERATION, THE ORGANIZATION PROVIDED SCHOOL SUPPLIES AND BACKPACKS TO APPROXIMATELY 25,600 AND 21,000 VERY-LOW INCOME CHILDREN IN THE FALL OF 2013 AND 2012, RESPECTIVELY. THE ORGANIZATION HOSTED APPROXIMATELY 750 AND 800 VOLUNTEERS IN AUGUST 2013 AND 2012, RESPECTIVELY, TO PACK AND DISTRIBUTE THE CHILDREN'S BACKPACKS.

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 3,864,840.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	13		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	12		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, OR, WA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JESS GUTIERREZ - (408)946-3111**  
**606 VALLEY WAY, MILPITAS, CA 95035**

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER PIETRASIK EXECUTIVE DIRECTOR	40.00	X		X			114,900.	0.	22,824.	
(2) LORI YU CHAIRPERSON	1.00	X		X			0.	0.	0.	
(3) MARGUERITE LEE VICE CHAIRPERSON	1.00	X		X			0.	0.	0.	
(4) WILLIAM CILKER, JR. TREASURER	1.00	X		X			0.	0.	0.	
(5) CAROL WAGNER SECRETARY	1.00	X		X			0.	0.	0.	
(6) ELIZABETH LUNA DIRECTOR	1.00	X					0.	0.	0.	
(7) DOLORES MARQUEZ DIRECTOR	1.00	X					0.	0.	0.	
(8) JOSH MCFARLAND DIRECTOR	1.00	X					0.	0.	0.	
(9) CRISTINA PIASECKI DIRECTOR (THRU 10/1/2013)	1.00	X					0.	0.	0.	
(10) LARRY SACKS DIRECTOR	1.00	X					0.	0.	0.	
(11) CARIN DEGROFF DIRECTOR	1.00	X					0.	0.	0.	
(12) TODD YOSHIDA DIRECTOR	1.00	X					0.	0.	0.	
(13) MATT GRIFFIS DIRECTOR	2.00	X					0.	0.	0.	
(14) DAVID BRATTON-KEARNS COO (THRU 12/2014)	40.00			X			98,576.	0.	11,628.	





**Part VIII Statement of Revenue**

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 4,376,021.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	2,394,205.				
	<b>h Total.</b> Add lines 1a-1f	▶ 4,376,021.				
	<b>Program Service Revenue</b>	<b>Business Code</b>				
<b>2 a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f	▶					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	▶	2,005.		2,005.	
	<b>4</b> Income from investment of tax-exempt bond proceeds	▶				
	<b>5</b> Royalties	▶				
	<b>6 a</b> Gross rents	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss)				
	<b>d</b> Net rental income or (loss)	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		6,506.		
		<b>b</b> Less: cost or other basis and sales expenses		0.		
		<b>c</b> Gain or (loss)		6,506.		
	<b>d</b> Net gain or (loss)	▶	6,506.		6,506.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>				
		<b>b</b> Less: direct expenses	<b>b</b>			
<b>c</b> Net income or (loss) from fundraising events		▶				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities	▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
	<b>b</b> Less: cost of goods sold	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> _____						
	<b>b</b> _____					
	<b>c</b> _____					
	<b>d</b> All other revenue					
	<b>e Total.</b> Add lines 11a-11d	▶				
<b>12 Total revenue.</b> See instructions.	▶	4,384,532.	0.	0.	8,511.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,805,311.	2,805,311.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	247,929.	183,606.	37,189.	27,134.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	584,061.	396,642.	59,495.	127,924.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,026.	7,371.	814.	2,841.
<b>9</b> Other employee benefits	86,309.	58,190.	8,485.	19,634.
<b>10</b> Payroll taxes	66,328.	46,093.	7,564.	12,671.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	101,750.	56,601.	29,589.	15,560.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	2,593.		2,593.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,318.	4,390.	721.	1,207.
<b>12</b> Advertising and promotion	123,707.	85,967.	14,108.	23,632.
<b>13</b> Office expenses	165,293.	125,723.	32,792.	6,778.
<b>14</b> Information technology	11,578.	8,046.	1,320.	2,212.
<b>15</b> Royalties				
<b>16</b> Occupancy	33,216.	23,082.	3,789.	6,345.
<b>17</b> Travel	25,238.	14,669.	10,569.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	3,055.	2,123.	348.	584.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	54,548.	37,907.	6,221.	10,420.
<b>23</b> Insurance	9,390.	6,525.	1,071.	1,794.
<b>24</b> 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.)				
<b>a</b> <b>STAFF DEVELOPMENT</b>	15,896.	2,594.	13,300.	2.
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,353,546.	3,864,840.	229,968.	258,738.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	581,466.	1	504,199.	
	<b>2</b> Savings and temporary cash investments .....	213,765.	2	349,178.	
	<b>3</b> Pledges and grants receivable, net .....		3		
	<b>4</b> Accounts receivable, net .....		4		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		6		
	<b>7</b> Notes and loans receivable, net .....	510.	7	0.	
	<b>8</b> Inventories for sale or use .....		8		
	<b>9</b> Prepaid expenses and deferred charges .....	28,393.	9	25,128.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 516,125.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 414,857.			
	<b>11</b> Investments - publicly traded securities .....	120,816.	<b>10c</b>	101,268.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	148,560.	<b>11</b>	161,114.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	115,221.	<b>14</b>	116,542.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,208,731.	<b>15</b>	1,257,429.		
<b>17</b> Accounts payable and accrued expenses .....	59,562.	<b>16</b>	68,628.		
<b>18</b> Grants payable .....		<b>17</b>			
<b>19</b> Deferred revenue .....		<b>18</b>			
<b>20</b> Tax-exempt bond liabilities .....		<b>19</b>			
<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>			
<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>			
<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>			
<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>			
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	107,371.	<b>24</b>	108,692.		
<b>26 Total liabilities.</b> Add lines 17 through 25 .....	166,933.	<b>25</b>	177,320.		
<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		<b>26</b>			
<b>27</b> Unrestricted net assets .....	1,041,798.	<b>27</b>	1,080,109.		
<b>28</b> Temporarily restricted net assets .....		<b>28</b>			
<b>29</b> Permanently restricted net assets .....		<b>29</b>			
<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		<b>30</b>			
<b>30</b> Capital stock or trust principal, or current funds .....		<b>31</b>			
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>32</b>			
<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>33</b>			
<b>33</b> Total net assets or fund balances .....	1,041,798.	<b>34</b>	1,080,109.		
<b>34</b> Total liabilities and net assets/fund balances .....	1,208,731.		1,257,429.		

**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	4,384,532.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,353,546.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,986.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,041,798.
5	Net unrealized gains (losses) on investments	5	7,325.
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	1,080,109.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)



**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	3,262,479.	3,288,731.	3,838,133.	4,072,060.	4,376,021.	18,837,424.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	3,262,479.	3,288,731.	3,838,133.	4,072,060.	4,376,021.	18,837,424.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						280,798.
<b>6 Public support.</b> Subtract line 5 from line 4.						18,556,626.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 .....	3,262,479.	3,288,731.	3,838,133.	4,072,060.	4,376,021.	18,837,424.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	10,022.	9,286.	3,090.	2,630.	2,005.	27,033.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	2,459.			804.		3,263.
<b>11 Total support.</b> Add lines 7 through 10						18,867,720.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	72,684.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	98.35	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 .....	<b>15</b>	98.36	%
<b>16a 33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

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

**OTHER INCOME**

2009 AMOUNT: \$ 2,459.

2012 AMOUNT: \$ 804.



**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not 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 does not 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) (2013)

Name of organization <b>THE FAMILY GIVING TREE</b>	Employer identification number <b>77-0284682</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 168,920.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/> <hr/>	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>THE FAMILY GIVING TREE</b>	Employer identification number <b>77-0284682</b>
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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 <b>THE FAMILY GIVING TREE</b>	Employer identification number <b>77-0284682</b>
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes checkboxes for purposes (land for public use, natural habitat, open space, historically important land, historic structure), a table for held at end of tax year (2a-2d), and questions about monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts for revenues and assets.

**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" to 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?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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 in 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" to 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" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		17,928.	8,657.	9,271.
d Equipment				
e Other		498,197.	406,200.	91,997.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				101,268.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) 457(F) PLAN ASSETS	108,692.
(2) DEPOSITS	7,850.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	116,542.

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to 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	108,692.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	108,692.

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" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	4,841,962.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments	2a	7,325.	
b	Donated services and use of facilities	2b	450,105.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	457,430.	
3	Subtract line 2e from line 1	3	4,384,532.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,384,532.	

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

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

1	Total expenses and losses per audited financial statements		1	4,803,651.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	450,105.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	450,105.	
3	Subtract line 2e from line 1	3	4,353,546.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,353,546.	

**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:**

**EXPLANATION: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND EXEMPT FROM STATE INCOME TAXES UNDER VARIOUS STATE CODES AND STATUTES OF CALIFORNIA, TEXAS, WASHINGTON AND OREGON. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING STATEMENTS. IN ADDITION, THE ORGANIZATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE.**

**THE ORGANIZATION FOLLOWS ASC 740, INCOME TAXES, TO ACCOUNT FOR UNCERTAIN TAX POSITIONS. MANAGEMENT HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO**





**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" to Form 990, Part IV, line 21 or 22.  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

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

Name of the organization

**THE FAMILY GIVING TREE**

**Employer identification number  
77-0284682**

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST ST. SAN JOSE, CA 95110	23-7179787	501(C)(3)	0.	90,893.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTRAL VALLEY PROJECT 655 JORDAN AVE TURLOCK, CA 95380	94-3454932	501(C)(3)	0.	78,444.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN FRANCISCO RESCUE MISSION 230 JONES STREET SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	73,535.	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.	66,920.	FMV	TOYS & CLOTHING/BACKPAC SUPPLIES	HOLIDAY WISH DRIVE
THE HOUSE MODESTO 1601 COFFEE RD. MODESTO, CA 95355	94-1294940	501(C)(3)	0.	59,829.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	49,727.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 95.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2013)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501(C)(3)	0.	46,276.	FMV	TOYS & CLOTHING/BACKPAC SUPPLIES	HOLIDAY WISH DRIVE
INNVISION SHELTER NETWORK - SAN MATEO - 181 CONSTITUTION DR. - MENLO PARK, CA 94025	77-0160469	501(C)(3)	0.	44,605.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST PALO ALTO COMMUNITY SERVICE CENTER - 2584 FARRINGTON WAY - EAST PALO ALTO, CA 94303	23-7006613	501(C)(3)	0.	36,701.	FMV	TOYS & CLOTHING/BACKPAC SUPPLIES	HOLIDAY WISH DRIVE
COPS THAT CARE (MOUNTAIN VIEW POLICE) - 1000 VILLA ST - MOUNTAIN VIEW, CA 94040	94-6000379	501(C)(3)	0.	35,570.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GLIDE MEMORIAL CHURCH 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	29,642.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)(3)	0.	28,351.	FMV	TOYS & CLOTHING/BACKPAC SUPPLIES	HOLIDAY WISH DRIVE
UNITED WAY SILICON VALLEY 1400 PARKMOOR AVE., SUITE 250 SAN JOSE, CA 95126	94-1450153	501(C)(3)	0.	24,899.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
VALLEY CHURCHES UNITED MISSIONS 9400 HIGHWAY 9 BEN LOMOND, CA 95005	77-0163322	501(C)(3)	0.	24,662.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	ARUSD	0.	24,029.	FMV	TOYS & CLOTHING/BACKPAC SUPPLIES	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
CATHOLIC CHARITIES - CORAL - EXPANDED LEARNING PROGRAM - 645 WOOL CREEK DR., SUITE B - SAN JOSE, CA 95112	94-2762269	501(C)(3)	0.	18,928.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
WORLD IMPACT, INC. 1015 CAMPBELL ST. OAKLAND, CA 94607	95-2681237	501(C)(3)	0.	14,607.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - WASHINGTON ELEMENTARY SCHOOL 100 OAK STREET SAN JOSE, CA 95110	77-0427923	501(C)(3)	0.	14,228.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - OLINDER NEIGHBORHOOD ASSOCIATION - 848 EAST WILLIAM ST. - SAN JOSE, CA 95116	77-0427923	501(C)(3)	0.	13,896.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
YERBA BUENA HIGH SCHOOL 1855 LUCRETIA AVE. SAN JOSE, CA 95122	94-2864184	ESUHSD	0.	13,520.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
FREMONT UNIFIED SCHOOL DISTRICT 4210 TECHNOLOGY DRIVE FREMONT, CA 94537-5008	94-1636029	FUSD	0.	13,520.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
JAMES LICK HIGH SCHOOL 57 NORTH WHITE RD. SAN JOSE, CA 95127	94-2864814	ESUHSD	0.	13,520.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CLYDE FISHER MIDDLE SCHOOL 1720 HOPKINS DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	12,465.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CAMPEONAS DE MCKINLEY 651 MACREDES AVE SAN JOSE, CA 95116	97-0539437	501(C)(3)	0.	12,023.	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
ARRIBA JUNTOS 1850 MISSION STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0.	11,857.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY TEAM MINISTRIES - OAKLAND 722 WASHINGTON ST. OAKLAND, CA 94607	94-1501265	501(C)(3)	0.	11,857.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE CLOTHES CLOSET 80 YALE RD. PALO ALTO, CA 94025	77-0033628	501(C)(3)	0.	11,857.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SJB CHILD DEVELOPMENT CENTERS 1400 PARKMOOR AVE., SUITE 220 SAN JOSE, CA 95126	94-1747079	501(C)(3)	0.	11,738.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KENNEDY ELEMENTARY - SAN JOSE 1602 LUCRETIA AVE. SAN JOSE, CA 95122	77-0059025	FMSD	0.	10,816.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
W.C. OVERFELT HIGH SCHOOL 1835 CUNNINGHAM AVE. SAN JOSE, CA 95122	94-2864814	ESUHSD	0.	10,816.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CITY OF SAN PABLO - YOUTH SERVICES 13831 SAN PABLO AVE., BLDG 6 SAN PABLO, CA 94806	94-6000423	CITY OF SAN PABLO	0.	10,671.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SUNDAY FRIENDS P.O. BOX 24887 SAN JOSE, CA 95154-4887	77-0518937	501(C)(3)	0.	10,600.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DOWNTOWN COLLEGE PREP - ALUM ROCK 1250 SOUTH KING ROAD SAN JOSE, CA 95122	77-0517240	501(C)(3)	0.	10,545.	FMV	BACKPACKS/SCHOOL 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
MILPITAS FIREFIGHTERS TOY PROGRAM 777 SOUTH MAIN STREET MILPITAS, CA 95035	26-0267135	CITY OF MILPITAS	0.	9,485.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MISSION NEIGHBORHOOD CENTERS/HEAD START - 362 CAPP STREET - SAN FRANCISCO, CA 94110	94-1408150	501(C)(3)	0.	9,343.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CROSSROAD CALVARY CHURCH 990 S. CAPITOL AVE. SAN JOSE, CA 95127	77-0536018	501(C)(3)	0.	9,343.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
AMERICAN INDIAN ALLIANCE 5038 HYLAND AVE SAN JOSE, CA 95127	77-0475265	501(C)(3)	0.	9,130.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GARFIELD ELEMENTARY SCHOOL - MENLO PARK - 3600 MIDDLEFIELD RD. - MENLO PARK, CA 94025	94-3084018	RCSD	0.	9,058.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
OCALA MIDDLE SCHOOL 2800 OCALA AVE. SAN JOSE, CA 95148	77-0016360	ARUSD	0.	8,869.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
DONALD J. MEYER ELEMENTARY 1824 DAYTONA DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	8,761.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
SAN ANTONIO ELEMENTARY SCHOOL 1855 E. SAN ANTONIO ST. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	8,626.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	8,517.	FMV	BACKPACKS/SCHOOL 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
SOMOS MAYFAIR 370-B SOUTH KING ROAD SAN JOSE, CA 95116	77-0499813	501(C)(3)	0.	8,300.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SANTEE ELEMENTARY SCHOOL 1313 AUDUBON DR SAN JOSE, CA 95122	77-0345000	FMSD	0.	8,112.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
WASHINGTON ELEMENTARY SCHOOL 100 OAK ST. SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	7,841.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
PRENATAL ADVANTAGE BLACK INFANT HEALTH - 2415 UNIVERSITY AVENUE, 2ND FLOOR - EAST PALO ALTO, CA 94303	94-6000532	501(C)(3)	0.	7,825.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ESCUELA POPULAR HIGH SCHOOL/ACCELERATED FAMILY LEARNING CENTER - 149N. WHITE RD - SAN JOSE, CA 95127	77-0354277	501(C)(3)	0.	7,707.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CESAR CHAVEZ ELEMENTARY - SAN JOSE 2000 KAMMERER DR. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	7,706.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
HAPPINESS HILL 20600 JOHN DR. CASTRO VALLEY, CA 94546	94-2221906	501(C)(3)	0.	7,588.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
JOHN J. MONTGOMERY ELEMENTARY 2010 DANIEL MALONEY DR. SAN JOSE, CA 95121	77-0225132	ESD	0.	7,301.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
COMMUNITY UNITED SAN JOSE - STARBIRD - 1050 BOYNTON AVE - SAN JOSE, CA 95117	20-4367250	501(C)(3)	0.	7,114.	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
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST. EAST PALO ALTO, CA 94303	94-2911826	CITY OF E. PALO ALTO	0.	7,114.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MOMENTUM FOR MENTAL HEALTH 2001 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)(3)	0.	7,114.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MEALS ON WHEELS SANTA CLARA 333 WEST JULIAN STREET #4 SAN JOSE, CA 95110	94-1741155	501(C)(3)	0.	7,114.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COMPASSION NETWORK 39155 LIBERTY ST., SUITE H840 FREMONT, CA 94538	20-5183531	501(C)(3)	0.	7,114.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SANTA CLARA COUNTY PUBLIC HEALTH DEPT REGION 5 - 614 TULLY ROAD - SAN JOSE, CA 95111	94-6000533	COUNTY OF SC	0.	7,114.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LAUREN'S HOUSE 4 POSITIVE CHANGE 994 BEECH ST. EAST PALO ALTO, CA 94303	26-3809833	501(C)(3)	0.	7,114.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KINSHIP, ADOPTIVE, & FOSTER PARENT ASSOCIATION (KAFPA) - 373 WEST JULIAN ST., 2ND BLDG., 1ST FLOOR - SAN JOSE, CA 95111	77-0044714	501(C)(3)	0.	7,090.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ALUM ROCK COUNSELING CENTER 777 N. FIRST ST. #444 SAN JOSE, CA 95117	23-7367637	501(C)(3)	0.	7,090.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THOMAS P. RYAN ELEMENTARY SCHOOL 1241 MCGINNESS AVE. SAN JOSE, CA 95127	77-0016360	ARUSD	0.	7,084.	FMV	BACKPACKS/SCHOOL 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
HARRY SLONAKER ELEMENTARY SCHOOL 1601 CUNNINGHAM AVE. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	6,787.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MT. PLEASANT ELEMENTARY SCHOOL 14275 CANDLER DR. SAN JOSE, CA 95127	572042385	ARUSD	0.	6,760.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
EAST AVENUE ELEMENTARY 2424 EAST AVE. HAYWARD, CA 94541	94-1693499	HUSD	0.	6,760.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
RUUS ELEMENTARY 28027 DISCKENS AVE. HAYWARD, CA 94540	94-1693499	HUSD	0.	6,760.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CARITAS FELICES AT CENTRAL APOSTALIC CHURCH - 134 SOUTH 20TH STREET - SAN JOSE, CA 95116	95-4324104	501(C)(3)	0.	6,640.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DOWNTOWN COLLEGE PREP - SAN JOSE 1460 THE ALAMEDA SAN JOSE, CA 95126	94-6002606	501(C)(3)	0.	6,625.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CLYDE ARBUCKLE ELEMENTARY 1970 CINDERELLA LANE SAN JOSE, CA 95116	77-0016360	ARUSD	0.	6,544.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER - 921 SOUTH FIRST STREET, SUITE B - SAN JOSE, CA 95110	94-2762269	501(C)(3)	0.	6,521.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ASPIRE EAST PALO ALTO CHARTER 1286 RUNNYMEDE ST. EAST PALO ALTO, CA 94303	94-3311088	501(C)(3)	0.	6,489.	FMV	BACKPACKS/SCHOOL 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
ALUM ROCK EDUCATIONAL FOUNDATION PO BOX 56178 SAN JOSE, CA 95156	77-0523774	501(C)(3)	0.	6,284.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MATHSON MIDDLE SCHOOL 2050 KAMMERER AVE. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	6,084.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
SAN FRANCISCO CITY ACADEMY 230 JONES ST. SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	6,057.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
SNI - SANTEE CAT 1535 SANTEE DR. SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	5,928.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HELP KIDS TODAY 1701 ROGERS AVE., SUITE 30 SAN JOSE, CA 95112	30-0798474	501(C)(3)	0.	5,928.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GRAIL FAMILY SERVICES 2005 E. SAN ANTONIO ST. SAN JOSE, CA 95116	77-0397354	501(C)(3)	0.	5,928.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KONA NEIGHBORHOOD ASSOCIATION 2102 INMAN WAY SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	5,928.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EDEN PALMS APARTMENTS - CATALONIA 5398 MONTEREY ROAD SAN JOSE, CA 95111	94-3315887	501(C)(3)	0.	5,928.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
RENAISSANCE ACADEMY 1720 HOPKINS DR. SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	5,705.	FMV	BACKPACKS/SCHOOL 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
E.C. REEMS ACADEMY 8425 MACARTHUR BLVD. OAKLAND, CA 94605	77-0345000	501(C)(3)	0.	5,624.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
INNVISION SHELTER NETWORK - SAN JOSE - 297 COMMERCIAL ST. - SAN JOSE, CA 95112	77-0033628	501(C)(3)	0.	5,573.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GLIDE - FAMILY YOUTH AND CHILDCARE CENTER - 330 ELLIS ST. - SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	5,501.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SCOTT LANE ELEMENTARY 1925 SCOTT BLVD. SANTA CLARA, CA 95050	77-0219105	SCUSD	0.	5,408.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
BLACKFORD ELEMENTARY SCHOOL 1970 WILLOW STREET SAN JOSE, CA 95125	94-2239786	SJUSD	0.	5,408.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
STROBRIDGE ELEMENTARY 21400 BEDFORD DR. CASTRO VALLEY, CA 94546	94-1693499	HUSD	0.	5,408.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MILDRED GOSS ELEMENTARY SCHOOL 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0016360	ARUSD	0.	5,408.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
GARDNER ACADEMY 502 ILLINOIS AVE. SAN JOSE, CA 95125	94-6002606	SJUSD	0.	5,408.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MCKINLEY ELEMENTARY SCHOOL 651 MACREDES AVE. SAN JOSE, CA 95116	77-0539437	FMSD	0.	5,408.	FMV	BACKPACKS/SCHOOL 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
BEL AIR ELEMENTARY 663 CANAL RD. BAY POINT, CA 94565	68-0197529	MDUSD	0.	5,408.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
GILROY HIGH SCHOOL 750 WEST TENTH ST. GILROY, CA 95020	77-0123255	GUSD	0.	5,408.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)(3)	0.	5,383.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)(3)	0.	5,335.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
OLINDER ELEMENTARY SCHOOL 890 WILLIAM ST. SAN JOSE, CA 95116	94-6002606	FMSD	0.	5,273.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
FRIENDSHIP COMMUNITY FOOD PANTRY 1654 E. SAN ANTONIO ST. SAN JOSE, CA 95116	90-0519545	501(C)(3)	0.	5,217.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN PABLO YOUTH MENTORING PROGRAM 479 METRO WALK WAY RICHMOND, CA 94801	30-0609534	501(C)(3)	0.	5,137.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE
MARIANO CASTRO ELEMENTARY 505 ESCUELA AVE. MOUNTAIN VIEW, CA 94040	93-0991812	MVUSD	0.	5,110.	FMV	BACKPACKS/SCHOOL SUPPLIES	BACK TO SCHOOL DRIVE

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

**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:**

**EXPLANATION: AGENCIES CONTACT FAMILY GIVING TREE WITH REQUESTS FOR PROGRAM RELATED ASSISTANCE. WE REQUEST PROOF OF 501(C)(3) STATUS OR CONFIRMATION OF STATUS AS A PUBLIC SCHOOL.**

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Part I		Types of Property			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....				
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....				
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( <u>TOY AND CLOTH</u> )	X	59,013	1,700,507.	FMV
26	Other ▶ ( <u>BACKPACK&amp;SUP.</u> )	X	8,134	693,698.	FMV
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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

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

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

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF DONATED ITEMS.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

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:

OTHERWISE GO WITHOUT HOLIDAY GIFTS. THE ORGANIZATION ALSO PROVIDES  
SUPPLY-FILLED BACKPACKS TO LOW-INCOME STUDENTS. THESE PROGRAMS ARE  
FUNDED BY INDIVIDUALS, CORPORATIONS, AND NONPROFIT FOUNDATIONS.

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

VOLUNTEERS IN 120,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN  
DECEMBER 2013 (6,700 VOLUNTEERS IN 120,000 SQUARE FEET OF DONATED  
WAREHOUSE SPACE IN DECEMBER 2012) TO WRAP AND DISTRIBUTE THE CHILDREN'S  
GIFTS TO THE LOCAL AGENCIES. DURING THE YEARS ENDED MARCH 31, 2014 AND  
2013, THE ORGANIZATION PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 69,750  
AND 63,500 CHILDREN, RESPECTIVELY.

THE ORGANIZATION ALSO SUPPORTED 682 LOW INCOME CHILDREN IN AUSTIN,  
TEXAS THROUGH A SPECIAL OUTREACH INITIATIVE DURING THE MOST RECENT  
HOLIDAY DRIVE.

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

EXPLANATION: THE FINANCE COMMITTEE REVIEWED THE 990 PRIOR TO PRESENTATION  
TO THE BOARD OF DIRECTORS. THE BOARD RECEIVED A COPY OF THE 990 VIA E-MAIL  
PRIOR TO FILING WITH THE IRS.

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

EXPLANATION: 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



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

EXPLANATION: THE BOARD OF DIRECTORS ANNUALLY REVIEW THE COMPENSATION OF THE EXECUTIVE DIRECTOR, CHIEF OPERATING OFFICER, AND CHIEF FINANCIAL OFFICER. COMPENSATION IS COMPARED TO ORGANIZATIONS OF SIMILAR SIZE, LOCATION AND COMPLEXITY.

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

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