

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

2014

Open to Public Inspection

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.

A For the 2014 calendar year, or tax year beginning APR 1, 2014 and ending MAR 31, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE FAMILY GIVING TREE Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 606 VALLEY WAY City or town, state or province, country, and ZIP or foreign postal code MILPITAS, CA 95035 F Name and address of principal officer: JENNIFER PIETRASIK SAME AS C ABOVE	D Employer identification number 77-0284682 E Telephone number (408) 946-3111 G Gross receipts \$ 6,040,594. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ FAMILYGIVINGTREE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1991		M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FULFILL THE WISHES OF CHILDREN IN NEED WHILE INSPIRING PHILANTHROPY, KINDNESS, AND VOLUNTEERISM. 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 26 6 Total number of volunteers (estimate if necessary) 8300 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b Net unrelated business taxable income from Form 990-T, line 34 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 4,376,021. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,511. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,384,532.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,805,311. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 995,653. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 320,089. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 552,582. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,353,546. 19 Revenue less expenses. Subtract line 18 from line 12 30,986.	4,376,021.	6,029,761.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 1,257,429. 21 Total liabilities (Part X, line 26) 177,320. 22 Net assets or fund balances. Subtract line 21 from line 20 1,080,109.	4,384,532.	6,040,594.
		2,805,311.	4,056,821.
		0.	0.
		995,653.	1,141,390.
		0.	0.
		552,582.	698,305.
		4,353,546.	5,896,516.
		30,986.	144,078.
		1,257,429.	1,477,140.
		177,320.	257,029.
		1,080,109.	1,220,111.

Part II Signature Block

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

Sign Here	Signature of officer JESS GUTIERREZ , CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MAGA E. KISRIV	Preparer's signature Date
	Firm's name ▶ HOOD & STRONG LLP Firm's address ▶ 100 FIRST STREET, 14TH FLOOR SAN FRANCISCO, CA 94105	Check if self-employed <input type="checkbox"/> PTIN P01008919 Firm's EIN ▶ 94-1254756 Phone no. 415.781.0793

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,680,138. including grants of \$ 1,988,522.) (Revenue \$ 0.) HOLIDAY WISH PROGRAM

SINCE ITS FOUNDING IN 1990, THE ORGANIZATION HAS HELD A BELIEF THAT NO CHILD SHOULD FEEL FORGOTTEN DURING THE HOLIDAYS. DELIVERING A WISHED-FOR GIFT TO A CHILD BRINGS THAT INDIVIDUAL JOY AND HOPE AND DELIVERS THE PRICELESS MESSAGE, "YOU MATTER. YOU HAVE VALUE." THE ORGANIZATION WORKS WITH MORE THAN 300 SOCIAL SERVICES AGENCIES (HOMELESS SHELTERS, COMMUNITY CENTERS, REHABILITATION HOUSES AND VARIOUS NONPROFIT ORGANIZATIONS) AND SCHOOLS TO SUPPORT ITS HOLIDAY WISH DRIVE. THESE AGENCIES AND SCHOOLS SUPPLY THE ORGANIZATION WITH THE NAME AND SPECIFIC WISH OF THE CHILDREN AND INDIVIDUALS THEY SERVE YEAR-ROUND. A WISH CARD IS PRINTED FOR EACH CHILD AND INDIVIDUAL,

4b (Code:) (Expenses \$ 2,302,067. including grants of \$ 1,815,799.) (Revenue \$ 0.) BACK TO SCHOOL DRIVE

THE ORGANIZATION ALSO HOLDS THE CONVICTION THAT EDUCATION IS THE MOST EFFECTIVE PATH OUT OF POVERTY; AND ACCORDING TO THE US CENSUS BUREAU, ALMOST ONE OUT OF EVERY FOUR CALIFORNIA CHILDREN ARE CURRENTLY LIVING BELOW THE FEDERAL POVERTY LINE. TOO OFTEN, THESE CHILDREN ARRIVE TO SCHOOL WITHOUT THE MOST BASIC SCHOOL SUPPLIES AND EDUCATIONAL TOOLS REQUIRED FOR LEARNING. THE ORGANIZATION'S BACK-TO-SCHOOL DRIVE AIMS TO CLOSE THE EDUCATIONAL GAP FOR STUDENTS LIVING IN POVERTY, BY PROVIDING BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL SUPPLIES.

USING A SIMILAR METHOD OF OPERATION, THE ORGANIZATION PROVIDED

4c (Code:) (Expenses \$ 273,529. including grants of \$ 252,500.) (Revenue \$ 0.) OTHER PROGRAMS

THE ORGANIZATION ALSO MAKES IN-KIND GRANTS, FROM IN-KIND DONATIONS RECEIVED, TO OTHER CHARITABLE ORGANIZATIONS FROM SURPLUS FOOD AND HOUSEHOLD ITEMS THAT ARE NOT ABLE TO BE USED IN THE HOLIDAY WISH AND BACK-TO-SCHOOL BACKPACK PROGRAMS.

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

4e Total program service expenses 5,255,734.

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

Input box for Schedule O check

Main table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sub-rows for amounts and specific questions.

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
1a	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.	8	
1b	Enter the number of voting members included in line 1a, above, who are independent	7	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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, address, and telephone number of the person who possesses the organization's books and records: **JESS R. GUTIERREZ, CFO - (408)946-3111**
606 VALLEY WAY, MILPITAS, CA 95035

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER PIETRASIK EXECUTIVE DIRECTOR	40.00	X		X				115,896.	0.	10,390.
(2) TODD YOSHIDA CHAIRPERSON	1.00	X		X				0.	0.	0.
(3) ELIZABETH LUNA 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 (THRU 8/25/2014)	1.00	X		X				0.	0.	0.
(6) LARRY SACKS SECRETARY (START 8/25/2014)	1.00	X						0.	0.	0.
(7) DOLORES MARQUEZ DIRECTOR	1.00	X						0.	0.	0.
(8) JOSH MCFARLAND DIRECTOR (THRU 4/1/2014)	1.00	X						0.	0.	0.
(9) MARGUERITE LEE VICE CHAIRPERSON (THRU 4/1/2014)	1.00	X		X				0.	0.	0.
(10) CARIN DEGROFF DIRECTOR	1.00	X						0.	0.	0.
(11) MATT GRIFFIS DIRECTOR (THRU 9/5/2014)	1.00	X						0.	0.	0.
(12) LORI YU CHAIRPERSON (THRU 4/1/2014)	1.00	X		X				0.	0.	0.
(13) NATALIE WYMER DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							115,896.	0.	10,390.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							115,896.	0.	10,390.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 6,029,761.					
	g Noncash contributions included in lines 1a-1f: \$	3,487,460.					
	h Total. Add lines 1a-1f		6,029,761.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,059.			2,059.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses		8,774.			
		c Gain or (loss)		0.			
		d Net gain or (loss)		8,774.			8,774.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a _____							
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			6,040,594.	0.	0.	10,833.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,942,005.	3,942,005.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	114,816.	114,816.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	146,676.	102,674.	22,001.	22,001.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	789,883.	532,828.	98,453.	158,602.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,680.	8,364.	1,392.	2,924.
9 Other employee benefits	124,453.	81,831.	15,074.	27,548.
10 Payroll taxes	67,698.	47,960.	9,049.	10,689.
11 Fees for services (non-employees):				
a Management	34,880.		34,880.	
b Legal				
c Accounting	113,249.	61,715.	33,844.	17,690.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,400.		2,400.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,403.	4,340.	819.	1,244.
12 Advertising and promotion	156,159.	105,847.	19,971.	30,341.
13 Office expenses	27,088.	18,555.	3,387.	5,146.
14 Information technology	18,986.	12,869.	2,428.	3,689.
15 Royalties				
16 Occupancy	30,012.	20,343.	3,838.	5,831.
17 Travel	29,613.	14,905.	14,163.	545.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	26,937.	2,061.	23,039.	1,837.
20 Interest	4,568.	2,259.	426.	1,883.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,105.	27,184.	5,129.	7,792.
23 Insurance	9,693.	6,570.	1,240.	1,883.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING	71,862.	48,710.	9,190.	13,962.
b PROGRAM AND OFFICE SUPP	63,039.	45,891.	16,277.	871.
c LOSS ON ASSET DISPOSAL	34,434.	34,434.	0.	0.
d BANK & MERCHANT FEES	28,877.	19,573.	3,693.	5,611.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,896,516.	5,255,734.	320,693.	320,089.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	504,199.	1	711,732.
	2 Savings and temporary cash investments	349,178.	2	374,805.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	0.	4	10,000.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	25,128.	9	39,787.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 162,737.		
	b Less: accumulated depreciation	10b 103,768.	101,268.	10c 58,969.
	11 Investments - publicly traded securities	161,114.	11	166,032.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	116,542.	15	115,815.
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,257,429.	16	1,477,140.	
Liabilities	17 Accounts payable and accrued expenses	68,628.	17	146,064.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	108,692.	25	110,965.
	26 Total liabilities. Add lines 17 through 25	177,320.	26	257,029.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,080,109.	27	1,220,111.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	1,080,109.	33	1,220,111.	
34 Total liabilities and net assets/fund balances	1,257,429.	34	1,477,140.	

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	6,040,594.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,896,516.
3	Revenue less expenses. Subtract line 2 from line 1	3	144,078.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,080,109.
5	Net unrealized gains (losses) on investments	5	-4,077.
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	1,220,110.

Part XII Financial Statements and Reporting

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

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

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,288,731.	3,838,133.	4,072,060.	4,376,021.	6,014,911.	21,589,856.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,288,731.	3,838,133.	4,072,060.	4,376,021.	6,014,911.	21,589,856.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						248,446.
6 Public support. Subtract line 5 from line 4.						21,341,410.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	3,288,731.	3,838,133.	4,072,060.	4,376,021.	6,014,911.	21,589,856.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,286.	3,090.	2,630.	2,005.	2,059.	19,070.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			804.			804.
11 Total support. Add lines 7 through 10						21,609,730.
12 Gross receipts from related activities, etc. (see instructions)					12	19,971.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98.76 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	98.35 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. 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 - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Part VI 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

2012: \$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.

OMB No. 1545-0047

2014

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

Caution. An organization that 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) (2014)

Name of organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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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/>	\$ 136,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

2014

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
 - If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" 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.	17,928.	0.
d Equipment				
e Other		144,809.	85,840.	58,969.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				58,969.

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)		
Total. (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)		
Total. (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	110,965.
(2) DEPOSITS	4,850.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	115,815.

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	110,965.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	110,965.

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	6,367,560.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-4,077.	
b	Donated services and use of facilities	2b	331,043.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	326,966.
3	Subtract line 2e from line 1		3	6,040,594.
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	6,040,594.

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	6,227,558.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	331,043.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	331,043.
3	Subtract line 2e from line 1		3	5,896,515.
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	5,896,515.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
129TH RESCUE WING 284 MOFFETT BLVD, SUITE A MOUNTAIN VIEW, CA 94043		501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ADELANTE DUAL LANGUAGE ACADEMY 2999 RIDGEMONT DR. SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	6,857.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ALAMEDA EDUCATION FOUNDATION PO BOX 1363 ALAMEDA, CA 94501	94-2887769	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ALEXANDER ROSE ELEMENTARY SCHOOL 250 ROSWELL DR. MILPITAS, CA 95035	77-0289955	MUSD	0.	8,163.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ALLIANCE ACADEMY 1800 98TH AVE. OAKLAND, CA 94603	94-6000385	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ALUM ROCK EDUCATIONAL FOUNDATION PO BOX 56178 SAN JOSE, CA 95156	77-0523774	501(C)(3)	0.	18,235.	FMV	TOYS & CLOTHING, BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE AND HOLIDAY WISH DRIVE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 189.

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) (2014)

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
AMERICAN INDIAN ALLIANCE 467 SARATOGA AVENUE, SUITE 626 SAN JOSE, CA 95129	77-0475265	501(C)(3)	0.	10,680.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ANNIE'S FUND - VMC FOUNDATION 2400 MOORPARK AVE., SUITE 207 SAN JOSE, CA 95128	77-0187890	501(C)(3)	0.	6,103.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
APTITUDE COMMUNITY ACADEMY AT GOSS 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0016360	CA DPT OF EDU	0.	10,884.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
APTOS MIDDLE SCHOOL 105 APTOS AVE. SAN FRANCISCO, CA 94127	77-0439991	SFUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ARRIBA JUNTOS 1850 MISSION STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0.	44,661.	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.	25,523.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BEL AIR ELEMENTARY 663 CANAL RD. BAY POINT, CA 94565	68-0197529	MDUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BELLE HAVEN SCHOOL 415 IVY DR. MENLO PARK, CA 94025	77-0209800	RCSD	0.	29,115.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BLACKFORD ELEMENTARY SCHOOL 1970 WILLOW STREET SAN JOSE, CA 95125	94-2239786	SJUSD	0.	10,884.	FMV	BACKPACK & SUPPLIES	STEPPE - 08/31/15 06:29PM WORKSHEET SCHEDULE I

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
BLACOW ELEMENTARY SCHOOL 40404 SUNDALE DR. FREMONT, CA 94538	94-1636029	FUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BOYS & GIRLS CLUB - VISITACION VALLEY - 251 LELAND AVE. - SAN FRANCISCO, CA 94134	94-1156608	501(C)(3)	0.	12,244.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BOYS & GIRLS CLUB OF SV - EDENVALE 285 AZUCAR AVE. SAN JOSE, CA 95111	94-1294898	501(C)(3)	0.	5,409.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
BRENTWOOD ACADEMY 2086 CLARKE AVE. EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	29,604.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BRET HARTE MIDDLE SCHOOL - OAKLAND 3700 COOLIDGE AVE. OAKLAND, CA 94602	94-6000385	OUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BROOKTREE ELEMENTARY 1781 OLIVETREE DRIVE SAN JOSE, CA 95131	58-2173450	BUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
BURNETT ELEMENTARY SCHOOL 400 FANYON ST. MILPITAS, CA 95035	77-0289955	MUSD	0.	7,836.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CALIFORNIA YOUTH OUTREACH PROJECT PRIDE - 1560 BERGER DRIVE - SAN JOSE, CA 95112	77-0170677	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CAMPBELL MIDDLE SCHOOL 295 CHERRY LANE CAMPBELL, CA 95008	77-0226428	CUSD	0.	6,802.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

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CARING FAMILY NETWORK - AUSTIN 1812 CENTRE CREEK DR., SUITE 210 AUSTIN, TX 78754	74-2570960	501(C)(3)	0.	8,377.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CARITAS FELICES 134 SOUTH 20TH STREET SAN JOSE, CA 95116	95-4324104	501(C)(3)	0.	23,579.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CARVER (GEORGE WASHINGTON) ELEMENTARY - 1360 OAKDALE AVE. - SAN FRANCISCO, CA 94124	77-0439991	501(C)(3)	0.	5,442.	FMV	BACKPACK & 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.	7,629.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTER FOR YOUTH WELLNESS 3450 THIRD ST., BLDG 2 SUITE 201 SAN FRANCISCO, CA 94124	45-2527627	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CENTRAL VALLEY PROJECT 655 JORDAN AVE TURLOCK, CA 95380	94-3454932	501(C)(3)	0.	55,480.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CESAR CHAVEZ ELEMENTARY - EAST PALO ALTO - 2450 RALMAR ST. - EAST PALO ALTO, CA 94303	77-0209800	ARUSD	0.	10,721.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CESAR CHAVEZ ELEMENTARY - SAN JOSE 2000 KAMMERER DR. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	15,510.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CHERRYLAND ELEMENTARY 585 WILLOW AVE. HAYWARD, CA 94541	94-1693499	HUSD	0.	9,578.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

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CHILD ADVOCATES OF SILICON VALLEY 509 VALLEY WAY MILPITAS, CA 95035	77-0250773	501(C)(3)	0.	6,325.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CHILDREN'S RECEIVING HOME OF SACRAMENTO - 3555 AUBURN BLVD. - SACRAMENTO, CA 95821	94-1322166	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY OF OAKLAND - PARENTS READY FOR SCHOOL - 150 FRANK OGAWA PLAZA #5352 - OAKLAND, CA 94612	94-6000384	501(C)(3)	0.	5,442.	FMV	BACKPACK & 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.	12,483.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
CITY TEAM MINISTRIES - OAKLAND 722 WASHINGTON ST. OAKLAND, CA 94607	94-1501265	501(C)(3)	0.	13,870.	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.	141,091.	FMV	BACKPACK & SUPPLIES, TOYS & GIFTS	BACK TO SCHOOL DRIVE AND HOLIDAY WISH DRIVE
E.C. REEMS ACADEMY 8425 MACARTHUR BLVD. OAKLAND, CA 94605	77-0345000	501(C)(3)	0.	6,802.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CLYDE ARBUCKLE ELEMENTARY 1970 CINDERELLA LANE SAN JOSE, CA 95116	77-0016360	ARUSD	0.	13,170.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CLYDE FISCHER MIDDLE SCHOOL 1720 HOPKINS DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	27,917.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

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COLONIAL ACRES ELEMENTARY 17115 MEEKLAND AVE. HAYWARD, CA 94541	94-2221906	HUSD	0.	13,714.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
COLUMBIA MIDDLE SCHOOL 739 MORSE AVENUE SUNNYVALE, CA 94085	84-1721580	SESD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
COMMUNITY BRIDGES PUENTES DE LA COMUNIDAD - 236 SANTA CRUZ AVE. - APTOS, CA 95003	94-2460211	SESD	0.	16,326.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
COMMUNITY UNITED SAN JOSE - STARBIRD - 1050 BOYNTON AVE - SAN JOSE, CA 95117	20-4367250	501(C)(3)	0.	9,015.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COMPASS FAMILY SERVICES 49 POWELL ST., 3RD FLOOR SAN FRANCISCO, CA 94102	94-1156622	501(C)(3)	0.	17,959.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
COPS THAT CARE 1000 VILLA STREET MOUNTAIN VIEW, CA 94041	94-6000379	501(C)(3)	0.	41,582.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
COSTANO ELEMENTARY 2695 FORDHAM ST. EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	29,985.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
COX ACADEMY EDUCATION FOR CHANGE 9860 SUNNYSIDE ST OAKLAND, CA 94603	20-2204424	RCSD	0.	5,007.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CREATE A WAY FOUNDATION 1294 63RD ST. EMERYVILLE, CA 94608	46-0599554	501(C)(3)	0.	6,935.	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.)

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CRISTO REY SAN JOSE HIGH SCHOOL 1390 5 WOUNDS LN SAN JOSE, CA 95116	46-2594689	501(C)(3)	0.	7,347.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CRITTENDEN MIDDLE SCHOOL 1701 ROCK STREET MOUNTAIN VIEW, CA 94043	93-0991812	MVWSD	0.	16,326.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
CROSSROAD CALVARY CHURCH 990 S. CAPITOL AVE. SAN JOSE, CA 95127	77-0536018	501(C)(3)	0.	13,870.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
DAVENPORT RESOURCE SERVICE CENTER 150 CHURCH ST. DAVENPORT, CA 95017	94-2523780	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DE MARILLAC ACADEMY 175 GOLDEN GATE AVE. SAN FRANCISCO, CA 94102	94-3390330	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DEPARTMENT OF ALCOHOL & DRUG SERVICES - 976 LENZEN AVE. #10 - SAN JOSE, CA 95126	94-6000533	501(C)(3)	0.	6,966.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DONALD J. MEYER ELEMENTARY 1824 DAYTONA DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	62,074.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DOWNTOWN COLLEGE PREP - ALUM ROCK 1776 EDUCATIONAL PARK DRIVE BUILDING SAN JOSE, CA 95133	77-0517240	501(C)(3)	0.	10,340.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
DOWNTOWN COLLEGE PREP - SAN JOSE 1460 THE ALAMEDA SAN JOSE, CA 95126	94-6002606	501(C)(3)	0.	10,612.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

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DOWNTOWN COLLEGE PREP MIDDLE - ALUM ROCK - 2800 OCALA AVE. - SAN JOSE, CA 95148	77-0517240	501(C)(3)	0.	20,952.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
EAST PALO ALTO ACADEMY HIGH SCHOOL 1050 MYRTLE ST. EAST PALO ALTO, CA 94303	94-1156365	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
EAST PALO ALTO COMMUNITY SERVICE CENTER - 22865 FIRST STREET - HAYWARD, CA 94541	23-7006613	501(C)(3)	0.	29,543.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST. EAST PALO ALTO, CA 94303	94-2911826	CITY OF PALO ALTO	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVENUE EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	110,960.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EDEN PALMS APARTMENTS - CATALONIA 5398 MONTEREY ROAD SAN JOSE, CA 95111	94-3315887	501(C)(3)	0.	6,935.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EDITH LANDELS ELEMENTARY SCHOOL 115 WEST DANA STREET MOUNTAIN VIEW, CA 94041	93-0991812	MVWSD	0.	9,796.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
EMPIRE GARDENS ELEMENTARY 1060 EAST EMPIRE ST. SAN JOSE, CA 95112	94-6002606	SJUSD	0.	13,605.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ESCUELA POPULAR CHARTER SCHOOL 149 NORTH WHITE ROAD SAN JOSE, CA 95127	94-2864814	501(C)(3)	0.	13,659.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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ESCUELA POPULAR HIGH SCHOOL 149 N. WHITE RD SAN JOSE, CA 95127	77-0354277	ESUHS	0.	13,681.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
EVERETT MIDDLE SCHOOL 450 CHURCH ST. SAN FRANCISCO, CA 94114	77-0439991	SFUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
FAMILY MOSAIC PROJECT 1309 EVAN'S AVENUE SAN FRANCISCO, CA 94124		CITY OF SF	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
FIVE OAKS MIDDLE SCHOOL 1600 NW 173RD AVE. BEAVERTON, OR 97006	27-2000507	501(C)(3)	0.	20,897.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
FOOTHILL RANCH MIDDLE SCHOOL 5001 DIABLO DRIVE SACRAMENTO, CA 95842		TRUSD	0.	20,897.	FMV	BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE
FRIENDSHIP COMMUNITY FOOD PANTRY 1654 E. SAN ANTONIO ST. SAN JOSE, CA 95116	90-0519545	501(C)(3)	0.	7,490.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GARDNER ELEMENTARY 502 ILLINOIS AVE. SAN JOSE, CA 95125	94-6002606	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
GIANNINI (A.P.) MIDDLE SCHOOL 3151 ORTEGA ST. SAN FRANCISCO, CA 94122	94-6089512	SFUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
GILROY UNIFIED SCHOOL DISTRICT 7810 ARROYO CIRCLE GILROY, CA 95020	77-0123255	GUSD	0.	17,686.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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GLIDE MEMORIAL CHURCH 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	88,934.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GRAHAM MIDDLE SCHOOL 1175 CASTRO STREET MOUNTAIN VIEW, CA 94040	93-0991812	MVWSD	0.	18,176.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
GRAIL FAMILY SERVICES 2005 E. SAN ANTONIO ST. SAN JOSE, CA 95116	77-0397354	501(C)(3)	0.	6,935.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GREATER ST. PAUL BAPTIST CHURCH 1827 MARTIN LUTHER KING WAY OAKLAND, CA 94612	94-3121220	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
GREEN OAKS ACADEMY 2450 RALMAR STREET EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	16,544.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)(3)	0.	24,139.	FMV	TOYS & CLOTHING, BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE AND HOLIDAY WISH DRIVE
HERBERT HOOVER MIDDLE SCHOOL 2290 14TH AVE. SAN FRANCISCO, CA 94116	77-0439991	SFUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HILLSBORO SCHOOL DISTRICT 3083 NE 49TH PLACE HILLSBORO, OR 97124	91-1779425	HSD	0.	21,768.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HOLY FAMILY DAY HOME 299 DOLORES ST. SAN FRANCISCO, CA 94103	94-1156492	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

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HOMEFIRST - SOBRATO FAMILY LIVING CENTER - 1509 AGNEW ROAD - SANTA CLARA, CA 95054	94-2684272	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HOOVER ELEMENTARY - REDWOOD CITY 701 CHARTER STREET REDWOOD CITY, CA 94063	94-3084018	RCSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HOOVER MIDDLE SCHOOL- SAN JOSE 1635 PARK AVENUE SAN JOSE, CA 95126	94-6002606	SJUSD	0.	5,170.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
HORACE MANN ELEMENTARY - SAN JOSE 55 NORTH 7TH STREET SAN JOSE, CA 95112	94-6002606	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
INNVISION SHELTER NETWORK OPPORTUNITY CENTER - PO BOX 213 - PALO ALTO, CA 94302	77-0160469	501(C)(3)	0.	5,021.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
IOTA EDUCATIONAL FOUNDATION BAY AREA, INC. - PO BOX 30243 - OAKLAND, CA 94604	94-3139205	501(C)(3)	0.	5,465.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
JAMES LICK MIDDLE SCHOOL 1220 NOE ST. SAN FRANCISCO, CA 94114	77-0439991	ESUHS	0.	10,884.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
JOHN GILL ELEMENTARY SCHOOL 555 AVENUE DEL ORA REDWOOD CITY, CA 94062	94-3084018	RCSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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JOHN J. MONTGOMERY ELEMENTARY 2010 DANIEL MALONEY DR. SAN JOSE, CA 95121	77-0225132	EESD	0.	22,856.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
KINSHIP, ADOPTIVE, & FOSTER PARENT ASSOCIATION (KAPPA) - 373 WEST JULIAN ST., 2ND BLDG., 1ST FLOOR - SAN JOSE, CA 95111	77-0044714	501(C)(3)	0.	8,322.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
KIWANIS CLUB OF MILPITAS FOUNDATION - 2225 EDSEL DRIVE - MILPITAS, CA 95035	36-1327510	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
KONA NEIGHBORHOOD ASSOCIATION 2102 INMAN WAY SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	7,212.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LA VISTA WEST ELEMENTARY 7821 TERRY DR. LA VISTA, NE 68128	47-0813275	501(C)(3)	0.	21,768.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
LAZEAR CHARTER ACADEMY 824 29TH AVE. OAKLAND, CA 94601	20-2204424	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
LEONARD HERMAN INTERMEDIATE SCHOOL 5955 BLOSSOM AVE. SAN JOSE, CA 95123	77-0220148	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
LIGHTHOUSE HOUSING CORPORATION, INC. - 725 SCHEMBRI LANE - PALO ALTO, CA 94303	20-4555993	501(C)(3)	0.	8,322.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LINCOLN STREET ELEMENTARY SCHOOL 801 N.E. LINCOLN ST. HILLSBORO, OR 97124	26-3245989	HSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGOS CHRISTIAN FELLOWSHIP 4801 ALUM ROCK AVE. SAN JOSE, CA 95127	94-2941659	501(C)(3)	0.	6,935.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
LOS ROBLES MAGNET ACADEMY 2450 RALMAR AVE. EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	18,503.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
LUCHA ELEMENTARY SCHOOL 1711 E. SAN ANTONIO ST. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	6,149.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
LUTHER BURBANK SCHOOL 4 WABASH AVE. SAN JOSE, CA 95128	77-0323113	LBSD	0.	10,068.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MAJESTIC WAY ELEMENTARY 1855 MAJESTIC WAY SAN JOSE, CA 95132	58-2173450	SJUSD	0.	6,530.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MARIANO CASTRO ELEMENTARY 505 ESCUELA AVE. MOUNTAIN VIEW, CA 94040	93-0991812	MVUSD	0.	16,326.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MARINA MIDDLE SCHOOL 3500 FILLMORE ST. SAN FRANCISCO, CA 94123	90-0904015	SFUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MARSH ELEMENTARY SCHOOL 2304 G ST. ANTIOCH, CA 94509	86-1134505	AUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MARTIN ELEMENTARY SCHOOL 35 SCHOOL STREET SOUTH SAN FRANCISCO, CA 94080	94-3083861	SSFUSD	0.	18,231.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARTIN LUTHER KING, JR. MIDDLE SCHOOL - 350 GIRARD ST. - SAN FRANCISCO, CA 94134	77-0439991	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MATHSON MIDDLE SCHOOL 2050 KAMMERER AVE. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	12,244.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MILPITAS FIREFIGHTERS TOY PROGRAM 777 SOUTH MAIN STREET MILPITAS, CA 95035	26-0267135	CITY OF MILPITAS	0.	11,096.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MOMENTUM FOR MENTAL HEALTH 2001 THE ALAMEDA SAN JOSE, CA 95126	94-1496052	501(C)(3)	0.	8,322.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
MONROE MIDDLE SCHOOL 1055 S. MONROE AVENUE SAN JOSE, CA 95128	94-2239786	CUSD	0.	7,619.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
MONTA LOMA ELEMENTARY SCHOOL 460 THOMPSON AVE. MOUNTAIN VIEW, CA 94043	93-0991812	MVWSD	0.	19,047.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
NEW LIFE CHRISTIAN DAY CARE 27871 ORMOND AVE HAYWARD, CA 94544	94-3402980	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NEW MISSION OUTREACH 3098 FLORENCE AVENUE SAN JOSE, CA 95127	77-0184095	501(C)(3)	0.	6,103.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
NEXT DOOR SOLUTIONS TO DOMESTIC VIOLENCE - 234 EAST GISH ROAD, SUITE 200 - SAN JOSE, CA 95112	94-2420708	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OAKLAND INTERNATIONAL HIGH SCHOOL 4521 WEBSTER ST. OAKLAND, CA 94609	94-6000385	OUUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
OCALA MIDDLE SCHOOL 2800 OCALA AVE. SAN JOSE, CA 95148	77-0016360	ARUSD	0.	17,850.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
OHLONE CHYNOWETH COMMONS 5300 TERNER WAY SAN JOSE, CA 95136	94-3315887	501(C)(3)	0.	5,409.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
OLINDER ELEMENTARY SCHOOL 890 WILLIAM ST. SAN JOSE, CA 95116	94-6002606	FMSD	0.	13,333.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
OS HUBBARD ELEMENTARY SCHOOL 1745 JUNE AVE. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	9,796.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
PARENT PROJECT 70 WEST HEDDING ST., WEST WING SAN JOSE, CA 95110	94-2864814	501(C)(3)	0.	6,769.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PAUL REVERE ELEMENTARY 555 TOMPKINS AVE. SAN FRANCISCO, CA 94110	77-0439991	SJUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
PIEDMONT MIDDLE SCHOOL 955 PIEDMONT ROAD SAN JOSE, CA 95132	58-2173450	SJUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
PORTOLA FAMILY CONNECTIONS 2565 SAN BRUNO AVE. SAN FRANCISCO, CA 94134	94-3213689	501(C)(3)	0.	5,548.	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
PRENATAL ADVANTAGE BLACK INFANT HEALTH - 2415 UNIVERSITY AVENUE, 2ND FLOOR - EAST PALO ALTO, CA 94303	94-6000532	501(C)(3)	0.	6,935.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PRESIDIO MIDDLE SCHOOL 450 30TH AVE. SAN FRANCISCO, CA 94121	77-0439991	SFUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
PROJECT ACCESS - SAN JOSE 3975 SEVEN TREES BLVD. SAN JOSE, CA 95111	33-0834635	501(C)(3)	0.	6,519.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
PROJECT WE HOPE 1836 BAY ROAD, SUITE B EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	0.	5,687.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
RANCHO SANTA GERTRUDES ELEMENTARY 1233 EAST CHARLESWORTH ROAD SANTA FE SPRINGS, CA 90670		LNSD	0.	5,551.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
RENAISSANCE ACADEMY AT MATHSON 2050 KAMMERER AVE. SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	14,204.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ROBERT RANDALL ELEMENTARY SCHOOL 1300 EDSEL DRIVE MILPITAS, CA 95035	77-0289955	MUSD	0.	27,210.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ROBERT SANDERS ELEMENTARY 3411 ROCKY MOUNTAIN DR. SAN JOSE, CA 95127	77-0441284	MPSD	0.	28,897.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ROCKETSHIP ALMA ACADEMY 198 W. ALMA ST. SAN JOSE, CA 95110	37-1509106	501(C)(3)	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCKETSHIP DISCOVERY PREP 370 WOOSTER AVE. SAN JOSE, CA 95116	20-4040597	501(C)(3)	0.	10,884.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
RONALD MCNAIR ACADEMY 2033 PULGAS AVE. EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	12,789.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
ROOSEVELT MIDDLE SCHOOL 460 ARGUELLO BLVD. SAN FRANCISCO, CA 94118	77-0439991	SFUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SACRED HEART COMMUNITY SERVICE 1381 SOUTH FIRST ST. SAN JOSE, CA 95110	23-7179787	501(C)(3)	0.	42,359.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN ANTONIO ELEMENTARY SCHOOL 1721 E. SAN ANTONIO ST. SAN JOSE, CA 95116	77-0016360	ARUSD	0.	17,360.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SAN FRANCISCO CITY ACADEMY 230 JONES ST. SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	12,517.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	88,768.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SAN FRANCISCO SHERIFF'S ASSOCIATION FOUNDATION - 460 BRANNAN ST., SUITE 77650 - SAN FRANCISCO, CA 94107	30-0287554	501(C)(3)	0.	54,420.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SAN LEANDRO UNIFIED SCHOOL DISTRICT - 2255 BANCROFT AVENUE. - SAN LEANDRO, CA 94577	94-6002608	SFUSD	0.	10,884.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN PABLO YOUTH MENTORING PROGRAM 479 METRO WALK WAY RICHMOND, CA 94801	30-0609534	501(C)(3)	0.	10,340.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SANTA CLARA COUNTY CHILDREN'S INTERVIEW CENTER - 777 N. FIRST ST., SUITE 320 - SAN JOSE, CA 95112	94-2734173	501(C)(3)	0.	5,548.	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.	8,322.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SANTA MONICA HIGH SCHOOL 601 PICO BOULEVARD SANTA MONICA, CA 90405		SMSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SCOTT LANE ELEMENTARY 1925 SCOTT BLVD. SANTA CLARA, CA 95050	77-0219105	SCUSD	0.	10,884.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SNI - HANK LOPEZ COMMUNITY CENTER 2039 KAMMERER AVE. SAN JOSE, CA 95116	94-6000419	SJUSD	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SNI - WASHINGTON ELEMENTARY SCHOOL 100 OAK STREET SAN JOSE, CA 95110	77-0427923	SJUSD	0.	39,835.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SOMOS MAYFAIR 370-B SOUTH KING ROAD SAN JOSE, CA 95116	77-0499813	501(C)(3)	0.	9,709.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
SPANGLER ELEMENTARY SCHOOL 140 NORTH ABBOTT MILPITAS, CA 95035	77-0289955	MUSD	0.	11,972.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STIPE (SAMUEL) ELEMENTARY SCHOOL 5000 LYNG DR. SAN JOSE, CA 95111	77-0220148	OGSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SUNDAY FRIENDS P.O. BOX 24887 SAN JOSE, CA 95154-4887	77-0518937	501(C)(3)	0.	77,286.	FMV	TOYS & CLOTHING, BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE AND HOLIDAY WISH DRIVE
SUNNYVALE COMMUNITY SERVICES 725 KIFER ROAD SUNNYVALE, CA 94086	94-1713897	501(C)(3)	0.	90,359.	FMV	TOYS & CLOTHING, BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE AND HOLIDAY WISH DRIVE
SUNRISE MIDDLE SCHOOL 1155 E. JULIAN ST. SAN JOSE, CA 95116	20-0912823	501(C)(3)	0.	6,258.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR. SAN JOSE, CA 95122	77-0016360	ARUSD	0.	17,142.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
TAFT ELEMENTARY 903 10TH AVENUE REDWOOD CITY, CA 94063	94-3084018	RCSD	0.	9,523.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
THE CLOTHES CLOSET 80 YALE RD. PALO ALTO, CA 94025	77-0033628	501(C)(3)	0.	8,322.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE HOUSE MODESTO 1601 COFFEE RD. MODESTO, CA 95355	94-1294940	501(C)(3)	0.	41,610.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
THE WELL - STC 9913 PORTOFINO OAK LN FAIR OAKS, CA 95628	26-2007811	501(C)(3)	0.	6,380.	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
THOMAS P. RYAN ELEMENTARY SCHOOL 1241 MCGINNESS AVE. SAN JOSE, CA 95127	77-0016360	ARUSD	0.	14,258.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
THURGOOD MARSHALL HIGH SCHOOL 45 CONKLING ST. SAN FRANCISCO, CA 94124	77-0439991	SFUSD	0.	16,326.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
TOYON ELEMENTARY 995 BARD AVENUE SAN JOSE, CA 95127	58-2173450	BUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
TRACE ELEMENTARY 651 DANA AVE. SAN JOSE, CA 95126	94-6002606	SJUSD	0.	8,163.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
UNITED WAY SILICON VALLEY 1400 PARKMOOR AVE., SUITE 250 SAN JOSE, CA 95126	94-1450153	501(C)(3)	0.	29,543.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
VALLEY CHURCHES UNITED MISSIONS 9400 HIGHWAY 9 BEN LOMOND, CA 95005	77-0163322	501(C)(3)	0.	10,990.	FMV	TOYS & CLOTHING, BACKPACKS & SUPPLIES	BACK TO SCHOOL DRIVE AND HOLIDAY WISH DRIVE
VALLEY HOUSE REHABILITATION CENTER 991 CLYDE AVENUE SANTA CLARA, CA 95054	23-2779765	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
VISITACION VALLEY ELEMENTARY SCHOOL - 55 SCHWERIN ST. - SAN FRANCISCO, CA 94134	77-0439991	SFUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
VOVINAM VIET VO DAO AMERICA 54 SOUTH 26TH STREET SAN JOSE, CA 95116	77-0126463	501(C)(3)	0.	5,548.	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
W.C. OVERFELT HIGH SCHOOL 1835 CUNNINGHAM AVE. SAN JOSE, CA 95122	94-2864814	ESUHS	0.	10,884.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
WASHINGTON ELEMENTARY SCHOOL 100 OAK ST. SAN JOSE, CA 95110	94-6002606	SJUSD	0.	10,884.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
WASHOE NATIVE TANF PROGRAM - ALAMEDA COUNTY - 2030 FRANKLIN ST., SUITE 400 - OAKLAND, CA 94612	88-0120754	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WEST EVERGREEN NEIGHBORHOOD ASSOCIATION - 2679 ALVIN AVENUE - SAN JOSE, CA 95121	42-1735010	501(C)(3)	0.	5,548.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WESTSIDE AFTERSCHOOL PROGRAM 603 MT. DIABLO AVE. SAN MATEO, CA 94401	94-2864632	501(C)(3)	0.	7,564.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
WILLARD MIDDLE SCHOOL 2425 STUART ST. BERKELEY, CA 94705	94-6002113	BUSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
WILLOW OAKS ELEMENTARY 620 WILLOW ROAD MENLO PARK, CA 94025	94-3239876	RCSD	0.	36,135.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
WORD ASSEMBLY 2333 HARRISON STREET OAKLAND, CA 94612	94-3306798	501(C)(3)	0.	7,046.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
WORLD ACADEMY - EDUCATION FOR CHANGE - 1700 28TH AVENUE - OAKLAND, CA 94601	20-2204424	501(C)(3)	0.	7,347.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD IMPACT, INC. 1015 CAMPBELL ST. OAKLAND, CA 94607	95-2681237	501(C)(3)	0.	5,992.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE
YERBA BUENA HIGH SCHOOL 1855 LUCRETIA AVE. SAN JOSE, CA 95122	94-2864184	ESUHSD	0.	5,442.	FMV	BACKPACK & SUPPLIES	BACK TO SCHOOL DRIVE
YOUTH UTILIZING POWER AND PRAISE (YUPP) - 3286 FRONDA DRIVE - SAN JOSE, CA 95148	80-0436789	501(C)(3)	0.	24,661.	FMV	TOYS & CLOTHING	HOLIDAY WISH DRIVE

Part III **Grants and Other Assistance to Domestic Individuals.** 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
TOYS AND CLOTHING	71600	0.	114,816.	FMV	HOLIDAY WISH DRIVE

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>TOY & CLOTHIN</u>)	X	60,450	1,852,095.	FMV
26 Other ▶ (<u>BACKPACKS</u>)	X	11,040	1,382,865.	FMV
27 Other ▶ (<u>HOUSEHOLD ITE</u>)	X	2	252,500.	
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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) (2014)

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTORS REPRESENTS THE NUMBER OF DONATED ITEMS.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

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:

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

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

DETAILING AGE, GENDER, FIRST NAME AND SPECIFIC GIFT WISH. THESE WISHES
ARE THEN DISTRIBUTED TO MORE THAN 700 VOLUNTEER DRIVE LEADERS
(INDIVIDUALS, SOCIAL GROUPS AND BUSINESSES) WHO DISPLAY WISH CARDS -
OFTEN ON HOLIDAY TREES IN A PUBLIC AREA, SUCH AS A BUSINESS LOBBY. BY
SELECTING A WISH CARD, AN INDIVIDUAL COMMITS TO PURCHASE A GIFT TO
DONATE FOR THOSE MOST UNDERSERVED DURING THE HOLIDAYS.

THE ORGANIZATION HOSTED APPROXIMATELY 7,200 VOLUNTEERS IN 120,000
SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2014 (5,100
VOLUNTEERS IN 120,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN
DECEMBER 2013) WHERE THE DONATED GIFTS ARE THEN SORTED, WRAPPED AND
DISPERSED TO THE ORGANIZATION'S AGENCY PARTNERS FOR DISTRIBUTION. IN
ADDITION, THE ORGANIZATION MAINTAINS A VIRTUAL GIVING TREE ON ITS
WEBSITE: WWW.FAMILYGIVINGTREE.ORG.

DURING THE YEARS ENDED MARCH 31, 2015 AND 2014, THE ORGANIZATION
PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 71,600 AND 68,400 CHILDREN,
RESPECTIVELY. THE ORGANIZATION ALSO SUPPORTED 627 LOW-INCOME CHILDREN
IN AUSTIN, TEXAS THROUGH A SPECIAL OUTREACH INITIATIVE DURING THE MOST
RECENT HOLIDAY WISH DRIVE.

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

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

BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL SUPPLIES

INCLUDING STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATHEMATICS)

SUPPLIES TO APPROXIMATELY 33,300 AND 26,700 K-12 STUDENTS, WHO QUALIFY

FOR THE FEDERAL FREE AND REDUCED PRICE MEAL PROGRAM. MORE THAN 430

DRIVE LEADERS VOLUNTEERED TO ASSIST IN DISPLAYING BACKPACK AND SCHOOL

SUPPLY LIST CARDS TO SUPPORT THE GOAL OF THE BACK-TO-SCHOOL DRIVE. THE

ORGANIZATION HOSTED APPROXIMATELY 1,100 AND 750 VOLUNTEERS IN AUGUST

2014 AND 2013, RESPECTIVELY, TO SORT, FILL AND DISTRIBUTE THE BACKPACKS

TO QUALIFYING SCHOOLS. APPROXIMATELY 250 SCHOOLS AND NONPROFIT AGENCIES

RECEIVED THE FILLED BACKPACKS FOR DISTRIBUTION TO QUALIFYING K-12

STUDENTS.

IN 2014, THE ORGANIZATION EXPANDED THEIR COMMITMENT TO IGNITING A

PASSION FOR LEARNING IN UNDERSERVED K-5 STUDENTS THROUGH THEIR

FIRST-ANNUAL BOOKS-FOR-BACKPACKS CAMPAIGN. BOOKS-FOR-BACKPACKS ALLOWED

THE ORGANIZATION TO PLACE A BRAND-NEW, AGE-APPROPRIATE BOOK IN NEARLY

13,000 BACKPACKS DISTRIBUTED BY THE ORGANIZATION TO LOW-INCOME K-5

STUDENTS. BY PROVIDING BOOKS TO SUPPORT AND ENCOURAGE READING IN THE

HOME, WHERE MANY LOW-INCOME STUDENTS DO NOT HAVE ACCESS TO

AGE-APPROPRIATE READING MATERIAL, THE CAMPAIGN ADDRESSED A SERIOUS

EDUCATIONAL ISSUE AMONG LOW-INCOME STUDENTS.

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

THE 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.

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AT A REGULARLY SCHEDULED BOARD MEETING. COMPLETED DISCLOSURES ARE COLLECTED DURING THE MEETING. ANYONE ABSENT IS SENT A COPY FOR COMPLETION. DISCLOSURE SHOULD BE MADE TO THE EXECUTIVE DIRECTOR (OR TO THE BOARD CHAIR), WHO SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL. DISCLOSURE INVOLVING BOARD MEMBERS SHOULD BE MADE TO THE BOARD CHAIR WHO SHALL BRING THE MATTER TO THE BOARD TO DETERMINE WHETHER A CONFLICT EXISTS AND IS MATERIAL. IN THE PRESENCE OF AN EXISTING MATERIAL CONFLICT, THE BOARD WILL DETERMINE WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO THE FAMILY GIVING TREE. IT WILL BE UP TO THE BOARD'S SOLE DISCRETION TO DETERMINE THE MATTER, TAKING INTO CONSIDERATION THE WELFARE OF THE ORGANIZATION AND THE ADVANCEMENT OF ITS PURPOSE.

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

THE 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:

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

FORM 990, PART I, LINE 6

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