Form 990
(Rev. January 2020)
Department of the Treasury Internal Revenue Service

Т

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

Do not enter social security ... s on this form as it may be made ou ublic.



Do not enter social security numbers on this form as it may be made public
► Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or the	$\simeq 2019$ calendar year, or tax year beginning MAY 1 , 2019 and \simeq	ending A	PR 30, 2020				
B c a	heck if pplicable	C Name of organization D Employer identification number						
	Addres change	e THE FAMILY GIVING TREE						
	Name change			77-0284682				
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number				
	Final return/	606 VALLEY WAY		40894631				
	termin- ated			G Gross receipts \$	6,151,438.			
	Amend return	MILPIIAS, CA 95055		H(a) Is this a group re				
	Applica tion pendin	F Name and address of principal officer: O EMMITTER FIETRASIR		for subordinates	? Yes 🔀 No			
	-	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527		list. (see instructions)			
		te: FAMILYGIVINGTREE.ORG		H(c) Group exemption				
	orm of	organization: X Corporation Trust Association Other ►	L Year (of formation: 1991 N	State of legal domicile: CA			
1 6	_	Briefly describe the organization's mission or most significant activities: FULFI	<u>гт.т. ттт</u>	F WIGHES OF	CHILDREN			
e		IN NEED WHILE INSPIRING PHILANTHROPY, KIN						
Activities & Governance	I .	Check this box if the organization discontinued its operations or dispose						
veri					10			
ĝ		Number of independent voting members of the governing body (rait v), into ray			10			
ళ ల		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			23			
itie		Total number of volunteers (estimate if necessary)			4300			
cti	7 a ⁻	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
•		Net unrelated business taxable income from Form 990-T, line 39			0.			
				Prior Year	Current Year			
ø	8	Contributions and grants (Part VIII, line 1h)		5,985,440.	6,137,318.			
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		7,533.	11,783.			
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		77,862.	2,337.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		6,070,835.	6,151,438.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,839,791.	3,736,897.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,353,498.	1,496,743.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 178,34		CE0 E10	C2E 0E1			
	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		659,519. 5,852,808.	<u>635,051.</u> 5,868,691.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		218,027.	282,747.			
		Revenue less expenses. Subtract line 18 from line 12						
ts or	20	Tatal accets (Bart X line 16)		jinning of Current Year 1,552,077.	<u>End of Year</u> 1,979,618.			
Asse Bala	20 21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		253,350.	411,496.			
Net Assets (Fund Balanci	21	I otal liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		1,298,727.	1,568,122.			
P	art II	Signature Block			1,000,1220			

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	Signature of officer		Date					
Here	JESS GUTIERREZ, CFO							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN				
Paid	JESSICA CASSINELLI			self-employed P01976621				
Preparer	Firm's name 🕨 ROBERT LEE & ASSO	OCIATES, LLP	Firm'	s EIN 27-1155496				
Use Only	Firm's address 🖕 999 W TAYLOR STR	EET						
	SAN JOSE, CA 95126 Phone no. (408) 855-6770							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)							
932001 01-2	932001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)							

	1 990 (2019) THE FAMILY GIVING TREE 77	-0284682	Page
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	BY INSPIRING COMMUNITY KINDNESS, GENEROSITY, AND VOLUNTEERI	SM. THE	
	FAMILY GIVING TREE FULFILLS EXACT HOLIDAY WISHES AND PROVID		
	BACKPACKS FILLED WITH STEM-BASED SCHOOL SUPPLIES TO THOSE IN		
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	s X No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	s 🛛 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 measu	red 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, a	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses 2,989,083. including grants of 2,329,629.) (Revenue \$		
	HOLIDAY WISH DRIVE - SINCE ITS FOUNDING IN 1990, THE ORGANIZ	ZATION HA	\S
	HELD A BELIEF THAT NO ONE SHOULD FEEL FORGOTTEN DURING THE	HOLIDAYS.	
	DELIVERING A WISHED-FOR GIFT BRINGS JOY AND HOPE AND DELIVE	RS THE	
	PRICELESS MESSAGE, "YOU MATTER. YOU HAVE VALUE." THE ORGAN		
	WORKS WITH NEARLY 400 SOCIAL SERVICES AGENCIES (HOMELESS SH	ELTERS,	
	COMMUNITY CENTERS, REHABILITATION HOUSES, AND VARIOUS NON-PL		
	ORGANIZATIONS) AND SCHOOLS TO SUPPORT ITS HOLIDAY WISH DRIV		2
	AGENCIES AND SCHOOLS SUPPLY THE ORGANIZATION WITH THE NAME A		-
	SPECIFIC WISHES OF THE CHILDREN AND INDIVIDUALS THEY SERVE		ID.
	A WISH CARD IS PRINTED FOR EACH CHILD OR INDIVIDUAL, DETAIL.		
	GENDER, FIRST NAME, AND THE SPECIFIC GIFT WISHES. THESE WIS		
	THEN DISTRIBUTED TO MORE THAN 1,100 VOLUNTEER DRIVE LEADERS		
4			
	(Code:) (Expenses \$2,154,108. including grants of \$1,407,268.) (Revenue \$ BACK-TO-SCHOOL DRIVE - THE ORGANIZATION ALSO HOLDS THE CONV		ואש
	EDUCATION IS THE MOST EFFECTIVE PATH OUT OF POVERTY; AND AC		
	· · · · · · · · · · · · · · · · · · ·		
	THE US CENSUS BUREAU, ALMOST ONE OUT OF EVERY FOUR CALIFORN ARE CURRENTLY LIVING BELOW THE FEDERAL POVERTY LINE. TOO O		
		FTEN, THE	196
	CHILDREN LACK THE MOST BASIC SCHOOL SUPPLIES AND EDUCATIONAL		
	REQUIRED FOR LEARNING AND HOMEWORK. THE ORGANIZATION'S BAC		
	DRIVE AIMS TO CLOSE THE EDUCATIONAL GAP FOR CHILDREN FROM LO	JW-INCOME	
	FAMILIES, BY PROVIDING BACKPACKS FILLED WITH ESSENTIAL,		
	GRADE-APPROPRIATE SCHOOL SUPPLIES.		
	USING A SIMILAR METHOD OF OPERATION, THE ORGANIZATION PROVID		
	BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL S		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4 -	Total program service expenses 5,143,191.		
4e			
4e	SEE SCHEDULE O FOR CONTINUATION(S)	Form	990 (201

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_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? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	~		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes." <i>complete</i>	7		<u></u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	•		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X	10		
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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? If "Yes," complete Schedule D, Part VII	11b	Х	
с	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
U	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? If "Yes," complete Schedule F, Parts I and IV	14b		х
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? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
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? If "Yes," complete Schedule G, Part I	17		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? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? If "Yes," complete Schedule I, Parts I and II	21	X	
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22 bit the organization report more than 85,000 of grants or other assistance to or for domestic individuals on Part K. Count WI, Inc 27, "Very, "complete Schedule, Part at all MI and former of the organization sourcent and former of the organization and the set or the set of the organization and the set or the set of the organization have at the very transfer of the organization and the set organ				Yes	No
23 Did the organization arswer 'Yes' 'b Farl VI, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, thrates, key employees, and highest compensated employees? // 'Yes,' complete Schedule J. 23 X 24 Did the organization have a tax-exempt bond issue with an outstanding pincipial amount of more than \$100,000 as of the last duri of the organization matrix any proceeds of tax-exempts bonds beyond a temporary period exception? 24 X 25 Did the organization matrix any proceeds of tax-exempt bond issue with a outstanding at any time during the year'. 24a X 26 Did the organization matrix any proceeds of tax-exempt bonds businding at any time during the year'. 24d X 26 Section 50((k), 50((k), 40((k), 400((k)), 50((k), 50((k), 50((k), 50((k), 50((k), 400((k)), 50((k), 50((k), 400((k)), 50((k), 50((k	22				
and former officers, directors, trustees, key employees, and highest compensated employees? # 'Yes, ' complete 24a Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the isst day of the year, that was issued after December 31, 2002? # 'Yes, ' answer lines 24b through 24d and complete 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tracesempt bonds? # 'Yes, ' answer lines 24b through 24d and complete 24a Did the organization as an 'on behaf of ' issuer for bonds outstanding at any time during the year? # '' 24a Did the organization as an 'on behaf of ' issuer for bonds outstanding at any time during the year? # '' 24a Did the organization as the ana 'on behaf of ' issuer for bonds outstanding at any time during the year? # '' 24b Did the organization as the instead of the organization. Did the organization is prior year, and that the transaction have the any exported an any of the organization is prior year, and that the transaction have not been reported an any complete Schedule L, Part I # '' 25b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator of former officer, director, trustee, key employee, creator of former, substantial contributors or any office begrands of regrands and the assistance to any of these persons? # '' 27 Did the organization neovem and that the stands or divertise scheckule L, Part II # ''			22	Х	
Schedule J 23 X 4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the Schedule K, IF No; "go to line 25a	23				
24a Did the organization have a taxe 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? If "Yes," answer lines 24b through 24d and complete Schedule K, If "No," op to line 25a. 24a X D Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24a X D Did the organization invest any proceed of tax-exempt bond source that than a relunding server at any time during the year to defease any tax-exempt bonds? 24d 24d 25a Section \$01(c)(3), 501(c)(4), and \$501(c)(2) organizations. Did the organization angage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction hand the expond to the year? 25b X 25b both erganization or year amount on Part X, line 5 or 22, for receivables from or payables to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of namity member of any of these spressor? If "res," complete Schedule L, Part II 26 X 27b Did the organization provide any of these spressor? If "res," complete Schedule L, Part III 26a X 28b Section \$01(c)(3), organizations and exceptions; 27 X 28b Was organization provide any of these spressor? If "res," complete Schedule L, Part III 26a X 29b Did the organization needs any of theme spressor? If "res," complete Schedule L, Part III 27a </td <td></td> <td>and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete</td> <td></td> <td></td> <td></td>		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
is at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K, If Ylo," go to line 25a. 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization anathin an escore account other than a refunding score wit any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Did the organization ange in an excess benefit transaction with a disqualified person during the year? 24d 25 Schodol (c)(3), 501(c)(4), and 501(c)(2) organization. 25c Acute C, Part 1 25a 26 Did the organization approxemation. 25c Acute C, Part 1 25a 27 Did the organization apport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 26 X 27 Did the organization provide a grant or their assistance to any current or former officer, director, trustee, key employee, treator or founder, substantial contributor, or a 35% conclude L, Part I 26a X 28 Was the organization approve thane 23, and exceptions? If Yes, "complete Schedule L, Part IV 26a X 29 Was the organization approve than 23, and exceptions? If Yes, "complete Schedule L, Part IV 26a X			23	Х	
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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? 24d d Did the organization acts as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(20) organizations. Did the organization argage in an excess benefit transaction with a disqualified person during the year? 14d 25a Main the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? 17es, 'complete Schedule L, Part I b Is the organization proved on any of the organization's prior Forms 300 or 990-E27. // *Yes, 'complete Schedule L, Part I 25b X. 27b Did the organization provide agrant or other assistance to any current or former follocer, functor, trustee, key employee, creator or founder, substantial contributor, or 355's controlled entity (including an enployee thereol, a gaint selection committee member, or to a 355's controlled entity (including an enployee) thereol or family member of any individual described or funder, or substantial contributors? // *Yes, 'complete Schedule L, Part II 28e X. 28 A current or former officer, thustee, key employee, creator or founder, or substantial contributors? // *Yes, 'complete Schedule L, Part III 28e X. 28 A sample member of any individual described or funder, or substantial contributors? // *Yes, 'complete Schedule L, Part III 28e X. <		Schedule K. If "No," go to line 25a	24a		X
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d Did the organization at as an 'on breahal of 'issuer for bonds outstanding at any time during the year? 24d 25a Section 501(e)(3), 501(e)(4), and 501(e)(29) organizations. Did the organization 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 900 or 905/E27 if 'Yes,'' complete Schedule L, Part I 25a X 25 Did 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 900 or 905/E27 if 'Yes,'' complete Schedule L, Part I 25a X 26 Did the organization provide any of the organization's prior Forms 900 or 905/E27 if 'Yes,'' complete Schedule L, Part I 25a X 27 Did the organization provide agrant or other assistance to any current or forme officer, director, trustee, key employee, creator or founder, substantial contributor or amployee thereol, a grant sother assistance to any current or forme officer, director, trustee, key employee, creator or founder, a substantial contributor or employee thereol, a grant sother assistance to any current or forme officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,'' complete Schedule L, Part III 26a X 28 Was the organization provide thine 28a? If 'Yes,'' complete Schedule L, Part III 26a X 27a X 29 Did the organization receive more than 325.000 in non-cash contributions? If 'Yes,' complete Schedule L, Part II 28a X	с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(20) or ganizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a 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 report any amount on Part X, line 5 or 22, for receivables from or payables to any current or forme or folder, director, trustee, key employee, creator or founder, substantial contributor, or 55% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II 26 X 27 Did the organization aware than engage in an excess benefit transaction with one of the following parties (see Schedule L, Part II 26 X 28 Was the organization approximation on part of these persons? If 'Yes,' complete Schedule L, Part II 26 X 28 Was the organization approximation in particular biolowing parties (see Schedule L, Part IV 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 20 X 29 Did the organization receive any transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part I 31 X		any tax-exempt bonds?	24c		
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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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? ////////////////////////////////////			27		x
instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 'Yes," complete Schedule L, Part IV b A family member of any individual described in line 28a? # 'Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? # 'Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? # 'Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? # 'Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? # 'Yes," complete Schedule M Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # 'Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? # 'Yes," complete Schedule R, Part I H 'Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purpose? If 'Yes, 'complete Schedule R, 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this 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 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Statements Regarding Other IRS Filings and Tax Compliance Chec	28				
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31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 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? If "Yes," complete Schedule R, Part I 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization conclude entity within the meaning of section 512(b)(13)? 35a X b If "Yes," complete Schedule R, Part V, line 2 35b 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 37 X 38 X 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? If "	30		20		v
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(gambling) winnings to prize winners?	b				
	с				
932004 01-20-20 Form 990 (2019)		(gambling) winnings to prize winners?			
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Form	990 (2019) THE FAMILY GIVING TREE 77-0284 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 77-0284	682	Р	age 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
	filed for the calendar year ending with or within the year covered by this return 23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.) [11b] Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-		
		12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		<u> </u>
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
.0	excess parachute payment(s) during the year?			
	If "Yes," see instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.			
		-	000	(0010)

Form **990** (2019)

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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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI						
Sec	tion 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	1 a	1	0		
	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 on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	이		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	iny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	s filed?	4	Х	
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	the			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?					
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?				Х	
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a					Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	Х	
С	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe					
	in Schedule O how this was done			12c	Х	
13	B Did the organization have a written whistleblower policy?				Х	
14	4 Did the organization have a written document retention and destruction policy?				Х	
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?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	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 arrangen	nent w	th a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization	's			
	exempt status with respect to such arrangements?	<u></u>		16b		L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CA , OR					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	X Own website Another's website X Upon request Other (explained)		,			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict o	f interest policy, a	nd finan	cial	
	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 boo	ks and	l records			
	JESS R. GUTIERREZ, CFO - (408)946-3111					
	606 VALLEY WAY, MILPITAS, CA 95035				000	
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Part VII	Compensation	of Officers	s, Directors, Tru	stees, Key Emplo	oyees, Highest Cor	npens
Form 990 (2	_010/		AILY GIVING			

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.

See instructions for the order in which to list the persons above.

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	box	not c , unle:	(C Pos heck i ss per nd a di	more rson i	than o s both	n an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest com pensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) JOYCE ALLEGRO	2.00									
CHAIR		Х		Х				0.	0.	0.
(2) MONA TAYLOR	2.00									
DIRECTOR		Х						0.	0.	0.
(3) WILLIAM CILKER	2.00									
RETIRED 1/2020		Х						0.	0.	0.
(4) LARRY SACKS	2.00									
RETIRED 4/2020		Х						0.	0.	0.
(5) KAMINI SANDHU	2.00									
DIRECTOR		Х						0.	0.	0.
(6) DOMINIC MILLS	2.00									
TREASURER		Х		Х				0.	0.	0.
(7) PAUL FENG	2.00									
SECRETARY		Х		X				0.	0.	0.
(8) TAYA ZHOU	2.00									
DIRECTOR		Х						0.	0.	0.
(9) KAREN LENOWSKI	2.00									
DIRECTOR		Х						0.	0.	0.
(10) ANDREA BORCH	2.00									
DIRECTOR		Х						0.	0.	0.
(11) SACHI PATEL	2.00									
DIRECTOR		Х						0.	0.	0.
(12) JANE HEXT	2.00									
DIRECTOR		Х						0.	0.	0.
(13) JENNIFER CULLENBINE-PIETRASIK	40.00							105 010		100 000
EXECUTIVE DIRECTOR				X				137,219.	0.	136,266.
(14) JESS GUTIERREZ	28.00									1 - 0 / /
CHIEF FINANCIAL OFFICER				X				86,335.	0.	15,244.
		-								
932007 01-20-20	1	I				I		<u> </u>		Form 990 (2019)

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	990 (2019) THE FAMII									77-02	284	682	P	age 8
Par	t VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week (list any	box offi	not c , unle	ss per	ition more rson i	than o s both r/trus	ı an	(D) Reportable compensation from the	(E) Reportable compensatio from related	n J	an	(F) stimate nount other	of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	organization (W-2/1099-MIS	I	fr org an	pensa om th anizat d relat anizati	e ion ed
1b	Subtotal								223,554.		0.	15	1,5	10.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)								0. 223,554.		0.	15	1,5	0.
2	Total number of individuals (including but no							o re	•	000 of reportable				
	compensation from the organization												Yes	4 No
3	Did the organization list any former officer,	,					·	0	, , ,	,		0		x
4	line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su	m of reportabl	e co	mpe	ensa	tion	and	oth	ner compensation from t	he organization		3	17	Λ
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a			•								4	X	
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J f	or sı	ich i	oers	on .	<u></u>			<u></u>	5		Х
1	Complete this table for your five highest con	•	•							•	pensat	tion fro	om	
	the organization. Report compensation for t (A)	ne calendar ye	eare	nair	ig w		or wi		(B)	ear.		(0	;)	
	Name and business	address	NC	ONE	3			_	Description of s	ervices	C	ompe	nsatio	n
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	d to	thos (ted	above) who received mo	ore than				
	· · · · · · · · · · · · · · · · · · ·	r								L. L.		Form	990 (;	2019)

932008 01-20-20

		2019) THE FAMILY GI	VING TREE	2		77-0284	682 Page 9
Pa	rt VI						
		Check if Schedule O contains a response	or note to any line	e in this Part VIII (A)	(B)	(C)	(D)
				(A) Total revenue	Related or exempt	Unrelated business revenue	Revenue excluded from tax under
							sections 512 - 514
ants	1 a	Federated campaigns 1a Membership dues 1b					
j G		- · · · · · · · · · · · · · · · · · · ·					
fts,	c d	Related organizations					
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions) 1e					
ons	f	All other contributions, gifts, grants, and					
ber			,137,318.				
diti 1 1 1 1 1	g		,051,377.				
	h	Total. Add lines 1a-1f	►	6,137,318.			
			Business Code				
9	2 a						
e vi	b						
a no	с						
Jran Sev	d						
Program Service Revenue	e						
Δ.		All other program service revenue					
	9 3	Total. Add lines 2a-2f Investment income (including dividends, intere-					
	3	other similar amounts)		5,416.			5,416.
	4	Income from investment of tax-exempt bond p		5,1100			5,1100
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	b						
	с	Rental income or (loss) 6c					
	d	()					
	7 a	Gross amount from sales of (i) Securities					
		assets other than inventory 7a 6 , 367 .	•				
	b	Less: cost or other basis					
venue		and sales expenses					
		Gain or (loss)		6 267			6 267
Other Re		Net gain or (loss)	····· 🕨	6,367.			6,367.
the	8 a	Gross income from fundraising events (not					
0		including \$ of contributions reported on line 1c). See					
		Part IV, line 18					
	b	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	▶				
		Gross income from gaming activities. See					
		Part IV, line 19 9a	a				
	b	Less: direct expenses 9b	b l				
	с	Net income or (loss) from gaming activities	►				
	10 a	Gross sales of inventory, less returns					
		and allowances 10					
		Less: cost of goods sold 10					
	С	Net income or (loss) from sales of inventory _					
sr			Business Code 900099	2,337.			2,337.
10e(11 a	PRODUCT SALES	900099	4,33/.			4,337.
Miscellaneous Revenue	b						
Sce	c d	All other revenue					<u></u>
Σ		Total. Add lines 11a-11d		2,337.			
	12	Total revenue. See instructions		6,151,438.	0.	0.	14,120.
93200	09 01-20						Form 990 (2019)

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2019.04020 THE FAMILY GIVING TREE 060102.1

Form 990 (2019)

THE FAMILY GIVING TREE 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 respon	(A)	(B)	(C)	(D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,690,209.	3,690,209.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	46,688.	46,688.		
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	415,985.	114,612.	266,362.	35,011
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	856,129.	716,815.	82,548.	56,766
8 Pension plan accruals and contributions (include				• • •
section 401(k) and 403(b) employer contributions)	18,231.	12,501.	4,652.	1,078
9 Other employee benefits	104,888.	73,401.	24,624.	<u> 1,078</u> 6,863
0 Payroll taxes	101,510.	66,740.	27,515.	7,255
1 Fees for services (nonemployees):	,		,	•
a Management	5,740.	667.	5,073.	
b Legal	891.		891.	
c Accounting	28,270.		28,270.	
d Lobbying	,		,	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,553.		2,553.	
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch O.)	85,606.	3,751.	21,014.	60,841
2 Advertising and promotion	45,715.	42,013.	3,702.	
3 Office expenses	29,506.	14,166.	14,998.	342
4 Information technology	95,983.	79,419.	16,564.	
5 Royalties		,		
6 Occupancy	41,826.	27,193.	11,739.	2,894
7 Travel	28,874.	18,993.	9,769.	112
8 Payments of travel or entertainment expenses	20,0,11		577050	
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings				
0 Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization	37,121.	24,406.	10,062.	2,653
3 Insurance	50,835.	33,423.	13,779.	3,633
4 Other expenses. Itemize expenses not covered		,		
above (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a SUPPLIES	148,017.	146,652.	739.	626
b BANK & MERCHANT FEES	34,114.	31,542.	2,300.	272
c				
d				
e All other expenses				
5 Total functional expenses. Add lines 1 through 24e	5,868,691.	5,143,191.	547,154.	178,346
6 Joint costs. Complete this line only if the organization	5,000,051.		<u> </u>	1,0,040
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here Check here in the following SOP 98-2 (ASC 958-720)				
	1			Form 990 (20 ⁻

10

2019.04020 THE FAMILY GIVING TREE

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33

Total liabilities and net assets/fund balances

1,552,077.

33

1,979,618.

Form 990 (2019)

THE FAMILY GIVING TREE

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

(A) Beginning of year (B) End of year 758,821. 1,126,952. 1 1 Cash - non-interest-bearing 205,381. 467,279. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 4 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 83,004. 45,956. 8 Inventories for sale or use 8 65,507. 38,354. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 399,375. basis. Complete Part VI of Schedule D _____ 10a 279,220. 132,610. 120,155. b Less: accumulated depreciation _____ 10b 10c Investments - publicly traded securities 11 11 184,224. 176,072. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 122,530. 4,850. 15 15 Other assets. See Part IV, line 11 1,552,077. 1,979,618. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 156,974. 138,170. Accounts payable and accrued expenses 17 17 18 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 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 115,180. 254,522. 25 of Schedule D 253,350. 411,496. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 1,234,360. 27 1,505,553. 27 Net assets with donor restrictions 64,367. 62,569. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 1,298,727. 1,568,122. Total net assets or fund balances 32 32

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Form 990 (2019)

Part X | Balance Sheet

	990 (2019) THE FAMILY GIVING TREE	77-02	84682	Pag	_{ge} 12
Pa	rt 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	6,151		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,868		
3	Revenue less expenses. Subtract line 2 from line 1	3	282	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,298		
5	Net unrealized gains (losses) on investments	5	-13	, 3!	<u>52.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,568	,1:	22.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				noc /	

Form **990** (2019)

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Department of the Treasury Internal Revenue Service

(Form	990	or	990-	EZ)
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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.

Go to www.irs.gov/Form990 for instructions and the latest information.

	Open to Public Inspection
Employer	identification number

OMB No. 1545-0047

2019

Name of the organization

	THE	FAMILY GIV	ING TREE				7	7-0284682
Part I	Reason for Public (mplete th	is part.) S	ee instructions.		
The orga	nization is not a private found							
1	A church, convention of ch	urches, or associatio	on of churches described	in sectio	on 170(b)(1)(A)(i).		
2	A school described in secti	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3	A hospital or a cooperative	hospital service org	anization described in se	ection 170)(b)(1)(A)(i	ii).		
4	A medical research organize	ation operated in co	njunction with a hospital	described	l in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated fo		ollege or university owned	l or operat	ed by a go	overnmental unit	describe	ed in
^	section 170(b)(1)(A)(iv). (C		en en de la constante en esta en d'An		70/1-1/41/41			
6 7 X	A federal, state, or local gov	•					non or ol r	aublic deceribed in
1 11	An organization that norma section 170(b)(1)(A)(vi). (C	•	antial part of its support if	on a gov	ennentai	unit or from the g	jeneral j	
8	A community trust describe		(1)(A)(vi), (Complete Par	н II)				
9	An agricultural research org			-	ed in conii	unction with a lan	d-arant	college
	or university or a non-land-g				-		-	-
	university:		ΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥΥ					
10	An organization that norma	lly receives: (1) more	e than 33 1/3% of its sup	oort from o	contributio	ons, membership	fees, an	d gross receipts from
	activities related to its exem	npt functions - subje	ect to certain exceptions,	and (2) no	more that	n 33 1/3% of its s	upport f	rom gross investment
	income and unrelated busir	ness taxable income	e (less section 511 tax) fro	m busine	sses acqui	ired by the organ	ization a	Ifter June 30, 1975.
	See section 509(a)(2). (Cor							
11	An organization organized a	-	•	•				
12 🗌	An organization organized a		-	-		· · ·		
	more publicly supported org lines 12a through 12d that of							Sheck the box in
a	Type I. A supporting orga	• •			-		-	aivina
u _	the supported organization	-	-	•	-			
	organization. You must c		• • • • •					
b 🗌	Type II. A supporting org			ion with it	s supporte	ed organization(s)	, by hav	ring
	control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or manage	the supp	ported
	organization(s). You mus	t complete Part IV,	Sections A and C.					
с	Type III functionally inte	grated. A supportir	ng organization operated	in connec	tion with,	and functionally i	ntegrate	ed with,
_	its supported organization							
d	Type III non-functionally	•					•	
	that is not functionally int			•		-	attentiv	/eness
• [requirement (see instructi	,	•					
e∟	Check this box if the orga functionally integrated, or					г туре ї, туре її, ї	уре ш	
f En	ter the number of supported of		many integrated supporting		ation.			
	ovide the following information	•						
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the org in your govern	anization listed ing document?	(v) Amount of mo	onetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instru	uctions)	support (see instructions)
						1		
Total								
LHA For	Paperwork Reduction Act N	lotice, see the Instr	ructions for Form 990 or 13	⁻ 990-EZ.	932021 09	-25-19 Schedul	e A (For	m 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 THE FAMILY GIVING TREE Part II Support Schedule for Organizations Described in Sect

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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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	5535261.	5478348.	5948956.	5985440.	6137318.	29085323.
2	Tax revenues levied for the organ-						
	ization'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	5525261	F 4 7 0 2 4 0	5040056	5005440	6120210	00005000
	Total. Add lines 1 through 3	5535261.	5478348.	5948956.	5985440.	6137318.	29085323.
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)						68,066.
	Public support. Subtract line 5 from line 4.						29017257.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015 5535261.	(b) 2016 5478348.	(c) 2017 5948956.	(d) 2018 5985440.	(e) 2019	(f) Total 29085323.
	Amounts from line 4	<u> 2222701.</u>	54/8348.	5948950.	5985440.	013/310.	29085323.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1 200	1 005	1 471	2 004	F 11C	11 256
	and income from similar sources	1,300.	1,085.	1,471.	2,084.	5,416.	11,356.
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.)						29096679.
	Total support. Add lines 7 through 10						29090079.
	Gross receipts from related activities,						
13	First five years. If the Form 990 is for	-			-		•
Sec	organization, check this box and stor ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (I			olumn (f))		14	99.73 %
	Public support percentage from 2018		•			15	98.87 %
	33 1/3% support test - 2019. If the						, -
100	stop here. The organization qualifies	•				-	
h	33 1/3% support test - 2018. If the o		-		lino 15 is 22 1/304		······································
U.	and stop here. The organization qual	-					•
17-	10% -facts-and-circumstances test		•••		12 162 or 16b		
17 a							
	and if the organization meets the "fac			-		-	•
h	meets the "facts-and-circumstances" 10% -facts-and-circumstances test	-		• • • •		7a and line 15 is	
u U	more, and if the organization meets the	•				-	
	organization meets the "facts-and-circ						-
18	Private foundation. If the organization			-			······································
10		and not oneon a l		a, 100, 170, 01 170			or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 THE FAMILY GIVING TREE

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

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

Sec	ction A. Public Support			•	-		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	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.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 fo	•			•		·
Sec	check this box and stop here	ic Support Per	centage				
	Public support percentage for 2019 (I		-	column (f))		15	%
	Public support percentage from 2018					16	%
	tion D. Computation of Invest						/0
	Investment income percentage for 20			line 13. column (f))		17	%
18	Investment income percentage from		B			18	%
	33 1/3% support tests - 2019. If the						
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2018. If the	-					and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-19		,				0 or 990-EZ) 2019
			15	5		,	,

2019.04020 THE FAMILY GIVING TREE 06

Schedule A (Form 990 or 990-EZ) 2019 THE FAMILY GIVING TREE

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **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))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

Schedule A (Form 990 or 990-EZ) 2019

10b

Schedule A (Form 990 or 990 EZ) 2019 THE FAMILY GIVING TREE Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	A family member of a person described in (a) above?	11b		
	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.	11c		
Sec	tion 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.	1		
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,			
0	supervised, or controlled the supporting organization.	2		
Sec	tion 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			
<u>Soc</u>	the supported organization(s). tion D. All Type III Supporting Organizations	1		
000			Vee	Na
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	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).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
Ū	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.	3		
Sec	tion 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	;).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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.	3a		
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.	<u>3b</u>		
932025	5 09-25-19 Schedule A (Form	990 or 99	•0-ЕZ)	2019

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2019.04020 THE FAMILY GIVING TREE 060102.1

Schedule A (Form 990 or 990-EZ) 2019 THE FAMILY GIVING TREE Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

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

Sect	on 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		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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		
Sect	on 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	Check here if the current year is the organization's first as a non-functional	v integrate	d Type III supporting org	nization (see

7 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) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 THE FAMILY GIVING TREE

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	
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	ne organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
C	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

Schedule A	(Form 990 or 990-EZ) 2019	<u>) THE FAMILY</u>	<u>GIVIN</u> G	TREE	77-0284682 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, Section D, lines 5, 6, and	mation. Provide th , 2, 3b, 3c, 4b, 4c, 5a lines 2 and 3; Part IV,	e explanations , 6, 9a, 9b, 9c, Section E, line	required by Part II, line 10; Part 11a, 11b, and 11c; Part IV, Sec	t II, line 17a or 17b; Part III, line 12; tion B, lines 1 and 2; Part IV, Section C, ′, line 1; Part V, Section B, line 1e; Part V,
	(See instructions.)				
932028 09-25-1	9			20	Schedule A (Form 990 or 990-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

77-0284682

Organization type (check one):								
Filers of:	Section:							
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization							
	4947(a)(1) nonexempt charitable trust not treated as a private foundation							
	527 political organization							

THE FAMILY GIVING TREE

	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

X 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 crueity to children or animals. Complete Parts I, II, and III.

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

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

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

Name of organization

Employer identification number

77 - 0284682

THE FAMILY GIVING TREE

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$163,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
923452 11-06		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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2019.04020 THE FAMILY GIVING TREE 060102.1 Name of organization

Page 3 Employer identification number

77 - 0284682

THE FAMILY GIVING TREE

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

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Page 4

ame of organi	zation			Employer identification numb	
HE FAMI	LY GIVING TREE			77-0284682	
Part III Ex fro) through (e) and the following line charitable, etc., contributions of \$1,00	e entry. For organizatio	8), or (10) that total more than \$1,000 for the y	
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, a	nd ZIP + 4	Relations	hip 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, a	nd ZIP + 4	Relations	hip 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, a	nd ZIP + 4	Relations	hip of transferor to transferee	
a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
art I	(2). 2. poes et gitt			(<i>.,) </i>	
		(e) Transfer of			
	Transferee's name, address, a		Relationship of transferor to transferee		

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2019.04020 THE FAMILY GIVING TREE 060102.1

SCHEDULE [)
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Department of the Treasury Internal Revenue Service Name of the organization

(Form 9	90)
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2

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Employer identification number

(b) Funds and other accounts

77-0284682

	THE FAMILY GIVING	TREE	77-028468
Pa			
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	·
		(a) Donor advised funds	(b) Funds and other account
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 fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confer	rring
	impermissible private benefit?		Yes
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Part IV	/, line 7.

	are the organization's property, subject to the organization's exclusive legal control?		Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used o	only		
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confer	ring		
	impermissible private benefit?		Yes	No
Pa	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7		
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (for example, recreation or education)	orically	important land area	
	Protection of natural habitat Preservation of a cert	ified hi	storic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	nserva	tion easement on the la	ast
	day of the tax year.		Held at the End of the Ta	ax Year
а	Total number of conservation easements	2a		

a		20
b	Total acreage restricted by conservation easements	2b
с	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organi	ization during the tax
	year ►	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	on easements during the year
	▶	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
	►\$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statem	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	at describes the
	organization's accounting for conservation easements.	
Pa	t III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheran	nce of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	. > \$
	(ii) Assets included in Form 990, Part X	. > \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	. 🕨 \$
b	Assets included in Form 990, Part X	. 🕨 \$
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2019

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Sche		ILY GIVING						0284682		_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	torical Tre	easures, or	r Other S	Similar Ass	sets _{(contin}	ued)	
3	Using the organization's acquisition, accession	on, and other record	ls, chec	k any of the	following that	make sigr	nificant use of	its	,	
	collection items (check all that apply):									
а	Public exhibition	c	L L	Loan or exc	hange progra	am				
b	Scholarly research	e	e 🗌	Other	0.0					
с	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how t	hey further th	ne organizatio	n's exemp	ot purpose in F	Part XIII.		
5	During the year, did the organization solicit or			-	-					
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang									
	reported an amount on Form 990, Par			3			,,	,,		
1a	Is the organization an agent, trustee, custodia		liary for	contribution	s or other ass	sets not ind	cluded			
iu	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII a								L	
D.			lowing					Amount		
с	Reginning balance						1c	Amount		
	Additions during the year						1d			
d	Additions during the year						1e			
e f	Distributions during the year						1f			
f	Ending balance Did the organization include an amount on Fo							Yes		No
	-									
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in									
		(a) Current year						aak (a) Eaur	vooro	book
4.0	Designing of year balance	(a) Current year		Prior year	(C) TWO year	S DACK (C	d) Three years b	ack (e) Four	years	Dauk
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	•	e (line 1	g, column (a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment									
С	· · · · · · · · · · · · · · · · · · ·	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should									
3a	Are there endowment funds not in the posses	ssion of the organiza	ation tha	at are held a	nd administer	ed for the	organization	г		
	by:								Yes	No
	(i) Unrelated organizations									
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requir	red on S	Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment	funds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	0, Part I	V, line 11a. S	See Form 990	, Part X, lir	ne 10.			
	Description of property	(a) Cost or c			t or other	(c) Acc	cumulated	(d) Book	value	е
		basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
b	Buildings									
с	Leasehold improvements			4	4,638.		32,484.	12	2,1	54.
d	Equipment									
	Other			35	4,737.	2	46,736.		3,00	
Tota	. Add lines 1a through 1e. (Column (d) must ea	aual Form 990. Part	X. colu	mn (B). line 1	0c.)			120),1!	55.
							Sche	dule D (Form	990)	2019

	(Form 990) 2019			GIVING	TREE
Part VII	Investments -	Other Se	curities.		

art VII	Investments -	Other Securities.	
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Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) COMMUNITY FOUNDATION FUND	176,072.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	176,072.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Colymn (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	

(a) Description of liability (b) Book value 1. (1) Federal income taxes PPP LOAN PAYABLE 254,522 (2) (3) (4) (5) (6) (7) (8) (9) 254,522. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2019

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Sche	dule D (Form 990) 2019 THE FAMILY GIVING TREE			77-0	0284682 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Sta	tements With I	Revenue per Re		
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	6,627,356.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-13,352.		
b	Donated services and use of facilities		491,823.		
с	Recoveries of prior year grants				
d			-2,553.		
е	Add lines 2a through 2d			2e	475,918.
3	Subtract line 2e from line 1			3	6,151,438.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	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	6,151,438.
Pa	t XII Reconciliation of Expenses per Audited Financial St	atements With	Expenses per F	Returr	າ.
	Operations if the experimentian enclosed "Vec" or Form 200. Don't W/ Hi	10 -			
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1				1	6,357,961.
1 2		ne 12a.		1	6,357,961.
-	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		491,823.	1	6,357,961.
2	Total expenses and losses per audited financial statements	2a		1	6,357,961.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b		1	6,357,961.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		1	6,357,961.
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	491,823.	1 2e	6,357,961.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	491,823.		
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	491,823.	2e	491,823.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	491,823.	2e	491,823.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	491,823.	2e	491,823.
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	491,823.	2e	<u>491,823.</u> 5,866,138. 2,553.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I. line 1	2a 2b 2c 2d 2d 4a 4b	491,823.	2e 3	<u>491,823.</u> 5,866,138.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	491,823.	2e 3 4c	<u>491,823.</u> 5,866,138. 2,553.

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

PART X, LINE 2:

THE ORGANIZATION FOLLOWS ASC 740, INCOME TAXES, TO ACCOUNT FOR CERTAIN TAX

POSITIONS. MANAGEMENT HAS CONCLUDED THAT THE ORGANIZATION HAS TAKEN NO

UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE ADJUSTMENT TO THE FINANCIAL

STATEMENT TO COMPLY WITH PROVISIONS OF THE GUIDANCE.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT FEES

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

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-2,553.

2,553.

	(continued)		
			Schedule D (Form 990) 2019
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30 2019.04020 THE FAMILY GIVING TREE 060102.1

SCHEDULE I	G	arants and Oth	er Assistan	ce to Orgar	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, ar ete if the organizatio	nd Individual	ls in the Ŭni	ted States		2019
Department of the Treasury	•••••		Attach to For				Open to Public
Internal Revenue Service		Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization THE FAMIL	Y GIVING '	TREE					Employer identification number $77 - 0284682$
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	/ for the grants or assi	stance, and the selecti	
criteria used to award the grants or assis	tance?						X Yes No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to I	Domestic Organiz	ations and Domestic	Governments. C	Complete if the org	anization answered "א	/es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$	5,000. Part II can	be duplicated if additi	onal space is need	ed.	(f) Mathead of	1	1
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SOUTH COUNTY OUTREACH 7 WHATNEY STE B						BACKPACKS & SCHOOL	
IRVINE, CA 92618	33-0330233	501(C)(3)	0.	54,290.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SAN FRANCISCO SHERIFF'S							
ASSOCIATION FOUNDATION - 460						BACKPACKS &	
BRANNAN ST., SUITE 77650 - SAN						SCHOOL	
FRANCISCO, CA 94107	30-0287554	501(C)(3)	0.	51,054.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
YERBA BUENA HIGH SCHOOL 1855 LUCRETIA AVE SAN JOSE, CA 95122	94-2864184	501(C)(3)	0.	21,784.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ANDREW HILL HIGH SCHOOL 3200 SENTER RD. SAN JOSE, CA 95111	94-2864814	501(C)(3)	0.	19,061.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
OAKLAND INTERNATIONAL HIGH SCHOOL 4521 WEBSTER ST. OAKLAND, CA 94609	43-2014630	501(C)(3)	0.	19,061.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ELMHURST UNITED MIDDLE SCHOOL 1800 98TH AVE. OAKLAND, CA 94603	94-6000385	501(C)(3)	0.	18,097.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
2 Enter total number of section 501(c)(3) ar	nd government org	ganizations listed in th	e line 1 table				▶ <u>197.</u>
3 Enter total number of other organizations	listed in the line 1	I table					▶ 197.

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

Schedule I (Form 990) (2019)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARRISON SCHOOL DISTRICT TWO						BACKPACKS &	
1060 HARRISON RD						SCHOOL	
	84-6001175	501(C)(3)	0.	18 097	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
COLORADO SPRINGS, CO 80905	04-0001175	501(0)(3)	0.	18,097.	LOIIMAIL	SOLLUIES	MEET AN ONSERVED NEED
ST. VRAIN VALLEY EDUCATION						BACKPACKS &	
FOUNDATION - PO BOX 2598 -						SCHOOL	
LONGMONT, CO 80502	84-0979954	501(C)(3)	0.	18 097	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
JONGMON1, CO 80502	04-0979954	501(0)(5)	0.	18,097.	LOIIMAIL	SOLLUIES	MEET AN ONSERVED NEED
CAMBRIDGE ELEMENTARY						BACKPACKS &	
1135 LACEY LN						SCHOOL	
CONCORD, CA 94520		501(C)(3)	0.	16 485.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
,,							
SUNNYVALE COMMUNITY SERVICES						BACKPACKS &	
725 KIFER ROAD						SCHOOL	
SUNNYVALE, CA 94086	94-1713897	501(C)(3)	0.	16,338.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
· · ·				,			
OAKLAND UNIFIED SCHOOL DISTRICT -						BACKPACKS &	
NEWCOMERS - 746 GRAND AVE ROOM E -						SCHOOL	
OAKLAND, CA 94610	94-6000385	501(C)(3)	0.	16,287.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ST. ANTHONY FOUNDATION						BACKPACKS &	
150 GOLDEN GATE AVENUE						SCHOOL	
SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	0.	15,954.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
W.C. OVERFELT HIGH SCHOOL						BACKPACKS &	
1068 BIRD AVE						SCHOOL	
SAN JOSE, CA 95125	94-2864814	501(C)(3)	0.	14,684.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
RAVENSWOOD COMPREHENSIVE MIDDLE						BACKPACKS &	
SCHOOL - 2120 EUCLID AVE EAST					L	SCHOOL	
PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	14,477.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
CALA MIDDLE SCHOOL						BACKDACKG 5	
OCALA MIDDLE SCHOOL						BACKPACKS & SCHOOL	
2800 OCALA AVE.	77 0016360	E01(C)(2)	0.	12 600	RCMINAME		
SAN JOSE, CA 95148	77-0016360	DUT(C)(3)	J 0.	13,009.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE

Schedule I (Form 990) THE FAMILL	I GIVING	IREE					7-0284682 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	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
RIO TIERRA JUNIOR HIGH SCHOOL						BACKPACKS &	
3201 NORTHSTEAD DR						SCHOOL	
SACRAMENTO, CA 95833		501(C)(3)	0.	13,211.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
BACHRODT CHARTER ACADEMY						BACKPACKS &	
102 SONORA AVE.						SCHOOL	
SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	12,609.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
APTITUD COMMUNITY ACADEMY AT GOSS						BACKPACKS &	
2475 VAN WINKLE LANE						SCHOOL	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	12 559.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
				,			
ASPIRE EAST PALO ALTO CHARTER						BACKPACKS &	
1286 RUNNYMEDE ST						SCHOOL	
EAST PALO ALTO, CA 94303	94-3311088	501(C)(3)	0.	12,496.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
CRITTENDEN MIDDLE SCHOOL						BACKPACKS &	
1701 ROCK STREET						SCHOOL	
MOUNTAIN VIEW, CA 94043	93-0991812	501(C)(3)	0.	12,052.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
HUBBARD MEDIA ARTS ACADEMY						BACKPACKS &	
1680 FOLEY AVE						SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	11,751.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
WASHINGTON ELEMENTARY SCHOOL						BACKPACKS &	
100 OAK ST.						SCHOOL	
SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	11,614.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
DOLUMINOUN COLLEGE DEED MUN DOCT						DAGEDAGEG S	
DOWNTOWN COLLEGE PREP - ALUM ROCK						BACKPACKS &	
1776 EDUCATIONAL PARK DRIVE BUILDIN	77 0517040	$E_{01}(c)(2)$		10 800	ЕСПТИАЛЕ	SCHOOL	MEEM AN INCEDUED NEED
SAN JOSE, CA 95133	77-0517240	DOT(C)(2)	0.	10,892.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
FREMONT HIGH SCHOOL						BACKPACKS &	
4610 FOOTHILL BLVD.						SCHOOL	
OAKLAND, CA 94601	43-2014630	501(C)(3)	0.	10,892.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE 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
ALPHA JOSE HERNANDEZ						BACKPACKS &	
1601 CUNNINGHAM AVE						SCHOOL	
SAN JOSE, CA 95122	77-0272168	501(C)(3)	٥.	10 647.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
,							
CLYDE FISCHER MIDDLE SCHOOL						BACKPACKS &	
1720 HOPKINS DR.						SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	10,605.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
BRENTWOOD ACADEMY						BACKPACKS &	
2086 CLARKE AVE.						SCHOOL	
EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	٥.	10,309.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ALTERNATIVES IN ACTION						BACKPACKS &	
6221 EAST 17TH ST						SCHOOL	
OAKLAND, CA 94621	94-3210413	501(C)(3)	٥.	9,857.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
WILLOW OAKS ELEMENTARY						BACKPACKS &	
620 WILLOW ROAD						SCHOOL	
MENLO PARK, CA 94025	94-3239876	501(C)(3)	0.	9,801.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
CONSTRUCTION INTERPORT OF EVENINE ACTION							
COMMUNITY UNITED ELEMENTARY SCHOOL						BACKPACKS &	
6701 INTERNATIONAL BLVD.	42 2014620	F(1/C)/2	٥.	0 725	ESTIMATE	SCHOOL	MEED AN INCEDUED NEED
OAKLAND, CA 94621	43-2014630	501(C)(3)	· ·	9,735.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ROBERT SANDERS ELEMENTARY						BACKPACKS &	
3411 ROCKY MOUNTAIN DR.						SCHOOL	
SAN JOSE, CA 95127	77-0441284	501(C)(3)	٥.	9 708	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
			···				
COSTANO ELEMENTARY						BACKPACKS &	
2695 FORDHAM ST.						SCHOOL	
EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	٥.	9,531.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ACE EMPOWER ACADEMY						BACKPACKS &	
625 SOUTH SUNSET AVE						SCHOOL	
SAN JOSE, CA 95116	26-1570590	501(C)(3)	٥.	9,488.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

	Y GIVING						7-0284682 Pag
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Orga	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	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
AN ANDONTO ELEMENDADY COUCOL						DACKDACKC S	
ANTONIO ELEMENTARY SCHOOL						BACKPACKS & SCHOOL	
1721 E. SAN ANTONIO ST.	77-0016360	F(1)(2)(2)	0.	0 204	ESTIMATE		MEEM AN INCEDUED NEED
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	9,204.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
BELLE HAVEN ELEMENTARY						BACKPACKS &	
15 IVY DR						SCHOOL	
IENLO PARK, CA 94025	77-0209800	501(C)(3)	0.	9 058.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
······,							
ATHSON MIDDLE SCHOOL						BACKPACKS &	
2050 KAMMERER AVE.						SCHOOL	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	9.048.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
,				, -			
ROOSEVELT MIDDLE SCHOOL - OAKLAND						BACKPACKS &	
.926 19TH AVE.						SCHOOL	
DAKLAND, CA 94606	43-2014630	501(C)(3)	0.	9,048.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
JNITED FOR SUCCESS ACADEMY						BACKPACKS &	
2101 35TH AVE						SCHOOL	
DAKLAND, CA 94601	43-2014630	501(C)(3)	0.	9,048.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
DLINDER ELEMENTARY SCHOOL						BACKPACKS &	
390 WILLIAM ST.							
-	94-6002606	F(1)(2)(2)	0.	9 044	ESTIMATE	SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SAN JOSE, CA 95116	94-0002000	501(C)(3)	<u>0.</u>	9,044.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
IORACE MANN ELEMENTARY - OAKLAND						BACKPACKS &	
5222 YGNACIO AVE.						SCHOOL	
DAKLAND, CA 94601	43-2014630	501(C)(3)	0.	9 008	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
	15 2011050	501(0)(5)		5,000.			
OOWNTOWN COLLEGE PREP - SAN JOSE						BACKPACKS &	
402 MONTEREY HWY						SCHOOL	
SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	8,714.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
LOS ARBOLES LITERACY AND						BACKPACKS &	
ECHNOLOGY ACADEMY - 455 LOS						SCHOOL	
ARBOLES AVE SAN JOSE, CA 95111	20-5061316	501(C)(3)	0.	8,626.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL	Y GIVING '	TREE				7	7-0284682 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	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
SAN FRANCISCO CITY ACADEMY						BACKPACKS &	
230 JONES ST.						SCHOOL	
SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	8 599.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
				,			
AIRON COLLEGE PREP						BACKPACKS &	
975 MIRA LOMA						SCHOOL	
SAN JOSE, CA 95111	77-0059025	501(C)(3)	0.	8,557.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
DORSA ELEMENTARY SCHOOL						BACKPACKS &	
1290 BAL HARBOR DRIVE						SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	8,544.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ACHIEVE ACADEMY						BACKPACKS &	
L700 28TH AVE.	20-2204424	E01(0)(2)	0.	0 051	ESTIMATE	SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DAKLAND, CA 94601	20-2204424	501(C)(3)	0.	8,251.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
CASTLEMONT HIGH SCHOOL						BACKPACKS &	
8601 MACARTHUR BLVD.						SCHOOL	
OAKLAND, CA 94605	43-2014630	501(C)(3)	0.	8,169.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
BRIDGES ACADEMY AT MELROSE						BACKPACKS &	
L325 53RD AVE.						SCHOOL	
DAKLAND, CA 94601	43-2014630	501(C)(3)	0.	8,132.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ACE INSPIRE ACADEMY						BACKPACKS &	
L155 EAST JULIAN ST				0.110	L	SCHOOL	
SAN JOSE, CA 95112	26-1570590	501(C)(3)	0.	8,112.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
DLIVE CREST ACADEMY						BACKPACKS &	
17800 WOODRUFF AVE.						SCHOOL	
BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	7,958.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
				, , , ,			
CESAR CHAVEZ ELEMENTARY - SAN JOSE						BACKPACKS &	
2000 KAMMERER DR.						SCHOOL	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	7,873.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL	Y GIVING	TREE				7	7-0284682 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	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
ESCUELA POPULAR BILINGUAL FAMILY LEARNING CENTER - 467 N. WHITE RD.						BACKPACKS & SCHOOL	
- SAN JOSE, CA 95127	77-0354277	501(C)(3)	0.	7,825.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
GRANT ELEMENTARY - SAN JOSE 470 E. JACKSON ST.						BACKPACKS & SCHOOL	
SAN JOSE, CA 95112	94-6002606	501(C)(3)	0.	7,274.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ACE ESPERANZA MIDDLE SCHOOL 1665 SANTEE DR						BACKPACKS & SCHOOL	
SAN JOSE, CA 95112	26-1570590	501(C)(3)	0.	7,239.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
BRIDGES ACADEMY 1702 MCLAUGHLIN AVE.						BACKPACKS & SCHOOL	
SAN JOSE, CA 95122	77-0539437	501(C)(3)	0.	7,239.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
PROJECT ACCESS RESOURCE CENTER (PARC) – 2455 LANAI AVE – SAN JOSE, CA 95122	33-0834635	501(C)(3)	0.	7,231.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
LYNDALE ELEMENTARY 13901 NORDYKE DR. SAN JOSE, CA 95127	94-2581686	501(C)(3)	0.	7,131.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
WEST OAKLAND MIDDLE SCHOOL 991 14TH ST.	42 0014620	E01 (2) (2)		2 000		BACKPACKS & SCHOOL	
OAKLAND, CA 94607	43-2014630	DUT(C)(3)	0.	7,022.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
CHAVEZ (CESAR) ELEMENTARY – SAN FRANCISCO – 825 SHOTWELL ST – SAN						BACKPACKS & SCHOOL	
FRANCISCO, CA 94110	77-0439991	501(C)(3)	0.	6,975.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR.						BACKPACKS & SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	6,975.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE 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
VISITACION VALLEY ELEMENTARY						BACKPACKS &	
SCHOOL - 55 SCHWERIN ST SAN						SCHOOL	
FRANCISCO, CA 94134	77-0439991	501(C)(3)	0.	6 975	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
DONALD J MEYER ELEMENTARY SCHOOL						BACKPACKS &	
1824 DAYTONA DR.						SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	6 876.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
CITY TEAM MINISTRIES - SAN JOSE						BACKPACKS &	
1297 N. 13TH ST.						SCHOOL	
SAN JOSE, CA 95112	94-1501285	501(C)(3)	0.	6 849.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
,				, -			
LOS ROBLES-RONALD MCNAIR ACADEMY						BACKPACKS &	
2450 RALMAR AVE.						SCHOOL	
EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	6,813.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
· · · ·							
JAMES LICK HIGH SCHOOL						BACKPACKS &	
57 NORTH WHITE RD.						SCHOOL	
SAN JOSE, CA 95127	94-2864814	501(C)(3)	0.	6,808.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SCOTT LANE ELEMENTARY						BACKPACKS &	
1925 SCOTT BLVD.						SCHOOL	
SANTA CLARA, CA 95050	77-0219105	501(C)(3)	٥.	6,776.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SAN LEANDRO UNIFIED SCHOOL						BACKPACKS &	
DISTRICT - 2255 BANCROFT AVE						SCHOOL	
SAN LEANDRO, CA 94577	94-6002608	501(C)(3)	0.	6,452.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SUNRISE MIDDLE SCHOOL						BACKPACKS &	
1149 E. JULIAN ST.						SCHOOL	
SAN JOSE, CA 95116	94-6002606	501(C)(3)	0.	6,445.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
OPEENETEID ITON'S OTUP						BACKDACKG C	
GREENFIELD LION'S CLUB						BACKPACKS &	
8 8TH ST.	05 6127141	E01(0)(2)		6 426		SCHOOL	
GREENFIELD, CA 93927	95-6137141	DOT(C)(3)	0.	6,436.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE 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
RYAN STEAM ACADEMY						BACKPACKS &	
1241 MCGINNESS AVE.						SCHOOL	
SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	6 248	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
5 M 5651, CA 55127	// 0010300	501(0)(3)		0,240.			
MARIANO CASTRO ELEMENTARY						BACKPACKS &	
505 ESCUELA AVE.						SCHOOL	
MOUNTAIN VIEW, CA 94040	93-0991812	501(C)(3)	0.	6 246	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
GILROY UNIFIED SCHOOL DISTRICT -						BACKPACKS &	
MIGRANT PROGRAM - 7810 ARROYO						SCHOOL	
CIRCLE - GILROY, CA 95020	77-0123255	501(C)(3)	0.	6,149.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
· · · · ·				,			
GARFIELD ELEMENTARY SCHOOL - MENLO						BACKPACKS &	
PARK - 3600 MIDDLEFIELD RD						SCHOOL	
MENLO PARK, CA 94025	94-3084018	501(C)(3)	٥.	5,975.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ELIOT ELEMENTARY						BACKPACKS &	
475 OLD GILROY ST.						SCHOOL	
GILROY, CA 95020	77-0123255	501(C)(3)	٥.	5,819.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SACRED HEART COMMUNITY SERVICE						BACKPACKS &	
1381 SOUTH FIRST ST.						SCHOOL	
SAN JOSE, CA 95110	23-7179787	501(C)(3)	0.	5,819.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
PARADISE SENIOR HIGH						BACKPACKS &	
5911 MAXWELL DR						SCHOOL	
PARADISE, CA 95969	94-6003686	501(C)(3)	0.	5 780	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
	54 0005000	501(0)(3)	· · ·	5,700.	LOTIMATE		MEET AN ONSERVED NEED
CLYDE ARBUCKLE ELEMENTARY						BACKPACKS &	
1970 CINDERELLA LANE						SCHOOL	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	5 620	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SANCHEZ ELEMENTARY						BACKPACKS &	
325 SANCHEZ ST						SCHOOL	
SAN FRANCISCO, CA 94114	77-0439991	501(C)(3)	0.	5,615.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE 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
FRANKLIN ELEMENTARY - SAN JOSE						BACKPACKS &	
420 TULLY RD.						SCHOOL	
SAN JOSE, CA 95111	20-5061316	501(C)(3)	0.	5 599.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
,,							
KIPP EXCELENCIA COMMUNITY						BACKPACKS &	
PREPARATORY - 656 LAUREL ST -						SCHOOL	
REDWOOD CITY, CA 94063	94-3084018	501(C)(3)	٥.	5,599.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
HORACE MANN ELEMENTARY - SAN JOSE						BACKPACKS &	
55 N 7TH ST						SCHOOL	
SAN JOSE, CA 95112	94-6002606	501(C)(3)	٥.	5,580.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
OAKLAND UNITY MIDDLE SCHOOL						BACKPACKS &	
7200 BANCROFT AVE						SCHOOL	
OAKLAND, CA 94605		501(C)(3)	0.	5,538.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
FUTURES ELEMENTARY SCHOOL						BACKPACKS & SCHOOL	
6701 INTERNATIONAL BLVD.	43-2014630	F(1/2)/2	0.	E E 21	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
OAKLAND, CA 94621	45-2014050	501(0)(3)	· · ·	5,521.	ESTIMATE	SOFFLIES	MEET AN UNSERVED NEED
ACE CHARTER HIGH						BACKPACKS &	
1776 EDUCATIONAL PARK DR						SCHOOL	
SAN JOSE, CA 95133	26-1570590	501(C)(3)	0.	5,446.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
,				,			
LPS OAKLAND R & D CAMPUS						BACKPACKS &	
8601 MACARTHUR BLVD, BLDG 100						SCHOOL	
OAKLAND, CA 94605	94-6000385	501(C)(3)	٥.	5,446.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
LPS RICHMOND						BACKPACKS &	
880 BISSELL AVE						SCHOOL	
RICHMOND, CA 94801	94-6000423	501(C)(3)	0.	5,446.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
MCCLYMONDS HIGH SCHOOL						BACKPACKS &	
2607 MYRTLE ST.						SCHOOL	
OAKLAND, CA 94607	43-2014630	501(C)(3)	0.	5,446.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE 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 HIGH SCHOOL						BACKPACKS &	
1023 MACARTHUR BLVD						SCHOOL	
OAKLAND, CA 94610	43-2014630	501(C)(3)	0.	5 446.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
				, -			
RICHMOND HIGH SCHOOL						BACKPACKS &	
1250 23RD ST.						SCHOOL	
RICHMOND, CA 94804	94-6000423	501(C)(3)	0.	5,446.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
DOWNTOWN COLLEGE PREP MIDDLE -						BACKPACKS &	
ALUM ROCK - 2888 OCALA AVE SAN						SCHOOL	
JOSE, CA 95148	77-0517240	501(C)(3)	0.	5,429.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
DOWNTOWN COLLEGE PREP MIDDLE - EL						BACKPACKS &	
CAMINO - 1402 MONTEREY HWY - SAN						SCHOOL	
JOSE, CA 95110	47-2393817	501(C)(3)	٥.	5,429.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
JAMES DENMAN MIDDLE SCHOOL						BACKPACKS &	
241 ONIEDA AVE.						SCHOOL	
SAN FRANCISCO, CA 94112	77-0439991	501(C)(3)	0.	5,429.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
						DAGEDAGEG S	
MARTIN LUTHER KING JR. MIDDLE						BACKPACKS &	
SCHOOL - 350 GIRARD STREET - SAN	77 0420001	F(1/q)/2	0	E 400	ESTIMATE	SCHOOL	
FRANCISCO, CA 94134	77-0439991	501(C)(3)	0.	5,429.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
RENAISSANCE ACADEMY AT FISCHER						BACKPACKS &	
1720 HOPKINS DR.						SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	5 129	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
	,, 0010300	551(0)(5)	U.	5,425.	LOIIMAID	Soli IIII	MILLI AN ONSERVED NEED
RENAISSANCE ACADEMY AT MATHSON						BACKPACKS &	
2050 KAMMERER AVE.						SCHOOL	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	5 4 2 9	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
	.,			5,125.			
SHEPPARD MIDDLE SCHOOL						BACKPACKS &	
480 ROUGH AND READY RD.						SCHOOL	
SAN JOSE, CA 95133	77-0016360	501(0)(3)	0.	5 4 2 9	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE 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
URBAN PROMISE ACADEMY						BACKPACKS &	
3031 EAST 18TH ST.						SCHOOL	
OAKLAND, CA 94601	43-2014630	501(C)(3)	0.	5 429	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
				•,			
ACORN WOODLAND ELEMENTARY						BACKPACKS &	
1025 81ST AVE.						SCHOOL	
OAKLAND, CA 94621	43-2014630	501(C)(3)	0.	5 421	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
				-,•			
BROOKFIELD ELEMENTARY						BACKPACKS &	
401 JONES AVE.						SCHOOL	
OAKLAND, CA 94603	77-0345000	501(C)(3)	0.	5 421.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
/				, -			
ENCOMPASS ACADEMY ELEMENTARY						BACKPACKS &	
1025 81ST AVE.						SCHOOL	
OAKLAND, CA 94621	43-2014630	501(C)(3)	0.	5,421.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
				,			
GREENLEAF ELEMENTARY						BACKPACKS &	
6328 EAST 17TH ST.						SCHOOL	
OAKLAND, CA 94621	43-2014630	501(C)(3)	0.	5,421.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SHERIDAN ELEMENTARY SCHOOL						BACKPACKS &	
431 CAPITOL AVE.						SCHOOL	
SAN FRANCISCO, CA 94112	30-0287554	501(C)(3)	0.	5,421.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
STREET ACADEMY						BACKPACKS &	
417 29TH ST.						SCHOOL	
OAKLAND, CA 94609	43-2014630	501(C)(3)	0.	5,119.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
MALCOLM X ACADEMY						BACKPACKS &	
350 HARBOR ROAD						SCHOOL	
SAN FRANCISCO, CA 94124	77-0439991	501(C)(3)	0.	5,085.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
MUWEKMA OHLONE MIDDLE SCHOOL						BACKPACKS &	
850 N. 2ND ST.						SCHOOL	
SAN JOSE, CA 95112	77-0289955	501(C)(3)	0.	5,067.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL	Y GIVING	TREE				7	7-0284682 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	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
ECUMENICAL HUNGER PROGRAM						CLOTHING &	
2411 PULGAS AVE.	94-2476942	F(1/(2)/(2))	0.	150 626	ESTIMATE	TOYS	MEET AN UNSERVED NEED
EAST PALO ALTO, CA 94303	94-2470942	501(C)(3)	0.	152,030.	ESTIMATE	TOTS	MEET AN UNSERVED NEED
SAN FRANCISCO CITY IMPACT							
230 JONES STREET						CLOTHING &	
SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	108 103.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CENTRAL VALLEY PROJECT							
655 JORDAN AVE						CLOTHING &	
TURLOCK, CA 95380	94-3454932	501(C)(3)	0.	89,066.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
WORKING PARTNERSHIPS USA							
2102 ALMADEN RD STE 112						CLOTHING &	
SAN JOSE, CA 95125	77-0387595	501(C)(3)	0.	84,987.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
MILPITAS FIREFIGHTERS TOY PROGRAM							
777 SOUTH MAIN STREET						CLOTHING &	
MILPITAS, CA 95035	26-0267135	501(C)(3)	0.	71,474.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
THE HOUSE MODESTO						CI OTUTNO	
1601 COFFEE RD.	04 1004040	F01(0)(2)		50 401		CLOTHING &	
MODESTO, CA 95355	94-1294940	501(C)(3)	0.	59,491.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
PATHWAY SOCIETY INC.							
1659 SCOTT BLVD., SUITE 30						CLOTHING &	
SANTA CLARA, CA 95050	94-1688522	501(C)(3)	0.	44 618	ESTIMATE	TOYS	MEET AN UNSERVED NEED
bhain chinn, chi 95050	54 1000522	501(0)(5)		41,010.		1015	
ECUMENICAL HUNGER PROGRAM							
(OCTOBER) - 2411 PULGAS AVE						CLOTHING &	
EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	42,493.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CITY TEAM MINISTRIES - SAN JOSE							
1297 N. 13TH ST.						CLOTHING &	
SAN JOSE, CA 95112	94-1501285	501(C)(3)	0.	41,077.	ESTIMATE	TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL							7-0284682 Pag
Part II Continuation of Grants and Other A (a) Name and address of organization or government	Assistance to Gov (b) EIN	(c) IRC section (c) if applicable	(d) Amount of cash grant	ited States (Sch (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
GLIDE MEMORIAL CHURCH 330 ELLIS STREET SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	38 811	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
EAST PALO ALTO COMMUNITY SERVICE CENTER - 150 BAY RD - EAST PALO ALTO, CA 94303	23-7006613		0.		ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
COPS THAT CARE (MOUNTAIN VIEW POLICE) – 1000 VILLA ST – MOUNTAIN VIEW, CA 94041	94-6000379	501(C)(3)	0.	32,578.	estimate	CLOTHING & TOYS	MEET AN UNSERVED NEED
PAMILY GIVING TREE - ADOPT-A-FAMILY - 606 VALLEY WAY - MILPITAS, CA 95035	77-0284682	501(C)(3)	0.	28,329.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
FAMILY GIVING TREE - OPERATION REINDEER - 606 VALLEY WAY - MILPITAS, CA 95035	77-0284682	501(C)(3)	0.	28,329.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
COUTH UTILIZING POWER AND PRAISE YUPP) - 3286 FRONDA DR - SAN NOSE, CA 95148	80-0436789	501(C)(3)	0.	28,159.	estimate	CLOTHING & TOYS	MEET AN UNSERVED NEED
CARITAS FELICES 134 SOUTH 20TH STREET SAN JOSE, CA 95116	95-4324104	501(C)(3)	0.	21,275.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
OORSA ELEMENTARY SCHOOL 290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	19,179.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
PETALUMA CHRISTMAS CHEER 1338 ROSS ST PETALUMA, CA 94954	94-2628411	501(C)(3)	0.	18,697.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE 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
HUBBARD MEDIA ARTS ACADEMY 1680 FOLEY AVE						CLOTHING &	
SAN JOSE, CA 95122	77-0016360	501(0)(3)	0.	17 309	ESTIMATE	TOYS	MEET AN UNSERVED NEED
	// 0010300	501(0)(3)	••	17,305.	LOTIMATE	1015	MEET AN ONSERVED NEED
NEW MISSION OUTREACH							
3098 FLORENCE AVENUE						CLOTHING &	
SAN JOSE, CA 95127	77-0184095	501(C)(3)	٥.	16 799	ESTIMATE	TOYS	MEET AN UNSERVED NEED
			·			1010	
ESCUELA POPULAR BILINGUAL FAMILY							
LEARNING CENTER - 467 N. WHITE RD.						CLOTHING &	
- SAN JOSE, CA 95127	77-0354277	501(C)(3)	٥.	15,978.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
MOBILIZE LOVE							
3321 VICENTE ST.						CLOTHING &	
SAN FRANCISCO, CA 94116	82-1148375	501(C)(3)	٥.	15,581.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
THE HOUSE IGLESIA HISPANA							
200 EL PASO AVE						CLOTHING &	
MODESTO, CA 95351	75-3176516	501(C)(3)	٥.	15,298.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
ARRIBA JUNTOS							
1850 MISSION STREET						CLOTHING &	
SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0.	14,164.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CITY OF SAN PABLO - YOUTH SERVICES							
13831 SAN PABLO AVE., BLDG 6						CLOTHING &	
SAN PABLO, CA 94806	94-6000423	501(C)(3)	0.	14,164.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
COPS THAT CARE							
1000 VILLA STREET	04 6000070	F01(a)(2)		14 164	ROWINAWE	CLOTHING &	
MOUNTAIN VIEW, CA 94041	94-6000379	DUI(C)(3)	0.	14,164.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
VIDA - LIFE MINISTRIES							
3098 FLORENCE AVENUE						CLOTHING &	
	47-1201064	501(C)(3)	0.	14 164	ESTIMATE	TOYS	
SAN JOSE, CA 95127	47-1281964	201(C)(3)	<u>ا</u>	14,104.	COLLMATE	1015	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMILY GIVING TREE

(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
APTITUD COMMUNITY ACADEMY AT GOSS							
2475 VAN WINKLE LANE						CLOTHING &	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	12,833.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
WASHINGTON ELEMENTARY SCHOOL							
100 OAK ST.						CLOTHING &	
SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	12,295.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
NEW BIRTH RECOVERY HOME							
95 S. 20TH STREET						CLOTHING &	
SAN JOSE, CA 95116	77-0452807	501(C)(3)	٥.	12,181.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CITY TEAM MINISTRIES - OAKLAND						CLOTHING &	
722 WASHINGTON ST. OAKLAND, CA 94607	94-1501265	501(C)(3)	0.	11 055	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CA 94007	94-1501205	501(0)(5)	0.	11,955.	ESTIMATE	1015	MEET AN UNSERVED NEED
AMERICAN INDIAN ALLIANCE							
467 SARATOGA AVENUE, SUITE 626						CLOTHING &	
SAN JOSE, CA 95129	77-0475265	501(C)(3)	0.	10,907.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CLYDE ARBUCKLE ELEMENTARY							
1970 CINDERELLA LANE						CLOTHING &	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	10,907.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
YWCA SILICON VALLEY							
375 S 3RD ST						CLOTHING &	
SAN JOSE, CA 95112	94-1186196	501(C)(3)	0.	10,822.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
RED EARTH WOMEN'S SOCIETY							
2480 N. 1ST ST. #140						CLOTHING &	
SAN JOSE, CA 95131	84-3088783	501(C)(3)	0.	10,538.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
LIGHTHOUSE HOUSING CORPORATION							
INC 725 SCHEMBRI LANE - PALO						CLOTHING &	
ALTO, CA 94303	20-4555993	501(C)(3)	0.	10 482	ESTIMATE	TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL							7-0284682 Pag
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	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
CESAR CHAVEZ ELEMENTARY - SAN JOSE						OL OBULING A	
2000 KAMMERER DR.	77-0016360	F(1/(2)/(2))	0.	10 255	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
SAN JOSE, CA 95116	77-0010360	501(C)(3)	0.	10,255.	ESTIMATE		MEET AN UNSERVED NEED
MISSION NEIGHBORHOOD CENTERS/HEAD							
START - 362 CAPP STREET - SAN						CLOTHING &	
FRANCISCO, CA 94110	94-1408150	501(C)(3)	0.	10 255	ESTIMATE	TOYS	MEET AN UNSERVED NEED
KINSHIP ADOPTIVE & FOSTER PARENT							
ASSOCIATION (KAFPA) - 373 WEST							
JULIAN ST., 2ND BLDG., 1ST FLOOR -						CLOTHING &	
SAN JOSE, CA 95110	77-0044714	501(C)(3)	0.	9 915	ESTIMATE	TOYS	MEET AN UNSERVED NEED
,,							
CURRY SENIOR CENTER							
333 TURK STREET						CLOTHING &	
SAN FRANCISCO, CA 94102	23-7362588	501(C)(3)	0.	9,490.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
,				,			
LIFEMOVES - SAN JOSE							
260 COMMERCIAL ST.						CLOTHING &	
SAN JOSE, CA 95112	77-0160469	501(C)(3)	0.	9,490.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
NEW LIFE CHRISTIAN DAY CARE							
1905 SEMINARY AVE #1						CLOTHING &	
DAKLAND, CA 94621	94-3402980	501(C)(3)	0.	9,349.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
COMMUNITY UNITED SAN JOSE -							
STARBIRD - 1050 BOYNTON AVE - SAN						CLOTHING &	
JOSE, CA 95117	20-4367250	501(C)(3)	0.	9,207.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
LYNDALE ELEMENTARY							
13901 NORDYKE DR.						CLOTHING &	
SAN JOSE, CA 95127	94-2581686	501(C)(3)	0.	8,839.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
EAST PALO ALTO POLICE DEPARTMENT							
41 DEMETER ST.		501 (2) (2)				CLOTHING &	
EAST PALO ALTO, CA 94303	94-2911826	501(C)(3)	0.	8,499.	ESTIMATE	TOYS	MEET AN UNSERVED NEED

	Y GIVING						77-0284682 Page
Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	nedule I (Form 990), Pa	art II.)	<u> </u>
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST SIDE UNION HIGH SCHOOL							
DISTRICT - 830 NORTH CAPITOL AVE -						CLOTHING &	
SAN JOSE, CA 95133	94-2864814	501(C)(3)	0.	8 499.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
,,				-,			
MEALS ON WHEELS SANTA CLARA							
333 WEST JULIAN ST #4						CLOTHING &	
SAN JOSE, CA 95110	47-4698325	501(C)(3)	0.	8,499.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
MOMENTUM FOR MENTAL HEALTH							
2001 THE ALAMEDA						CLOTHING &	
SAN JOSE, CA 95126	94-1496052	501(C)(3)	0.	8,499.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
SANTA CLARA COUNTY PUBLIC HEALTH							
DEPT REGION 5 - 614 TULLY ROAD -	04 (000522	F01 (g) (2)		0 400		CLOTHING &	
SAN JOSE, CA 95111	94-6000533	501(C)(3)	0.	8,499.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
THE CLOTHES CLOSET							
80 YALE RD.						CLOTHING &	
PALO ALTO, CA 94025	77-0033628	501(C)(3)	0.	8 499.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
				,			
MISSION SKILLED NURSING CENTER							
410 N WINCHESTER BLVD						CLOTHING &	
SANTA CLARA, CA 95050		501(C)(3)	0.	8,442.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
WORLD IMPACT INC.							
1015 CAMPBELL ST.						CLOTHING &	
OAKLAND, CA 94607	45-2886242	501(C)(3)	0.	8,130.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
PASEO SENTER							
1809 SENTER RD.	20.00001100	F01(0)(2)				CLOTHING &	
SAN JOSE, CA 95112	30-0261199	5UT(C)(3)	0.	7,932.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CATHOLIC CHARITIES - WASHINGTON							
JNITED YOUTH CENTER - 921 SOUTH FIRST STREET, SUITE #B - SAN JOSE,						CLOTHING &	
CA 95110	94-2762269	501(C)(3)	0.	7 700	ESTIMATE	TOYS	MEET AN UNSERVED NEED
J JJIIV	J J4=2/02209	201(2)(2)	J 0.	1,790.	BOILBAID	1012	HEEL AN ONSERVED NEED

THE FAMILY GIVING TREE Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(0) 2	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
CHILD ADVOCATES OF SILICON VALLEY							
509 VALLEY WAY						CLOTHING &	
MILPITAS, CA 95035	77-0250773	501(C)(3)	0.	7,790.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
RODEO YOUTH MENTORING PROGRAM							
142 GARRETSON AVE.						CLOTHING &	
RODEO, CA 94572	33-1083297	501(C)(3)	٥.	7,790.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CHILD FAMILY & COMMUNITY SERVICES							
INC 32980 ALVARADO-NILES RD.,						CLOTHING &	
STE 846 - UNION CITY, CA 94587	94-2202153	501(C)(3)	0.	7,422.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CROSSROAD CALVARY CHURCH							
990 S. CAPITOL AVE.	77-0536018	F(1/C)(2)	0.	7 366	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
SAN JOSE, CA 95127	77-0538018	501(C)(3)	0.	7,300.	ESTIMATE	1015	MEET AN UNSERVED NEED
EPISCOPAL COMMUNITY SERVICES (ECS)							
165 EIGHTH STREET, 3RD FLOOR						CLOTHING &	
SAN FRANCISCO, CA 94103	94-3096716	501(C)(3)	0.	7,366.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
MIGRANT EDUCATION PROGRAM							
1290 RIDDER PARK DR.						CLOTHING &	
SAN JOSE, CA 95131	77-0272168	501(C)(3)	0.	7,111.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
,		-		,			
CROSSSTREETS NEIGHBORHOOD SERVICES							
20600 JOHN DR.						CLOTHING &	
CASTRO VALLEY, CA 94546	46-4625474	501(C)(3)	0.	7,082.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
GREENFIELD LION'S CLUB							
8 8TH ST.						CLOTHING &	
GREENFIELD, CA 93927	95-6137141	501(C)(3)	0.	7,082.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
HOPE SERVICES							
30 LAS COLINAS LANE						CLOTHING &	
SAN JOSE, CA 95119	94-1399287		0.		ESTIMATE	TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL							7-0284682 Page
Part II Continuation of Grants and Other A	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	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
KONA NETOUDODUOOD AGGOGTAETON							
KONA NEIGHBORHOOD ASSOCIATION 2102 INMAN WAY						CLOTHING &	
	77-0427923	501(C)(3)	0.	7 082	ESTIMATE	TOYS	MEET AN UNSERVED NEED
SAN JOSE, CA 95122	//-042/923	501(C)(3)	0.	7,082.	ESTIMATE	1015	MEET AN UNSERVED NEED
MARY'S PLACE - SEATTLE							
PO BOX 1711						CLOTHING &	
SEATTLE, WA 98111	27-2087950	501(C)(3)	0.	7,082.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
PRENATAL ADVANTAGE BLACK INFANT							
HEALTH - 2415 UNIVERSITY AVENUE,							
2ND FLOOR - EAST PALO ALTO, CA						CLOTHING &	
94303	94-6000532	501(C)(3)	0.	7,082.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
SNI - SANTEE CAT							
1399 SANTEE DR.						CLOTHING &	
SAN JOSE, CA 95122	77-0427923	501(C)(3)	0.	7,082.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
NATIVE AMERICAN HEALTH CENTER INC							
2648 INTERNATIONAL BLVD, STE 202	02 5125000	F01 (a) (a)		c		CLOTHING &	
DAKLAND, CA 94601	23-7135928	501(C)(3)	0.	6,969.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
SACRED HEART COMMUNITY SERVICE							
1381 SOUTH FIRST ST.						CLOTHING &	
SAN JOSE, CA 95110	23-7179787	501(C)(3)	0.	6 799	ESTIMATE	TOYS	MEET AN UNSERVED NEED
	20 / 1 / 5 / 6 /	561(6)(5)		· · · · · · · · · · · · · · · · · · ·		1010	
BOYS & GIRLS CLUB OF SV - EDENVALE							
285 AZUCAR AVE						CLOTHING &	
SAN JOSE, CA 95111	94-1294898	501(C)(3)	0.	5 949	ESTIMATE	TOYS	MEET AN UNSERVED NEED
,			1	,			
PROJECT WE HOPE							
1836 BAY ROAD, SUITE D						CLOTHING &	
EAST PALO ALTO, CA 94303	94-3342713	501(C)(3)	0.	5,949.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
SAFE SCHOOL CAMPUS - CITY OF SAN							
JOSE - 1694 ADRIAN WAY - SAN JOSE,						CLOTHING &	
CA 95122	94-6000419	501(C)(3)	0.	5,779.	ESTIMATE	TOYS	MEET AN UNSERVED NEED

THE FAMILY GIVING TREE Schedule I (Form 990)

(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
ALTERNATIVE FAMILY SERVICES - THE							
GATHERING PLACE - 401 ROLAND WAY,						CLOTHING &	
SUITE 100 - OAKLAND, CA 94621	94-2427088	501(C)(3)	0.	5,722.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
ARSOLA'S HOUSE							
8425 MACARTHUR BLVD						CLOTHING &	
OAKLAND, CA 94605	38-3783546	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CITY OF SAN PABLO - SENIOR CENTER							
13831 SAN PABLO AVE.						CLOTHING &	
SAN PABLO, CA 94806	94-6000423	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
FAMILY HOUSE INC.							
540 MISSION BAY BLVD., NORTH						CLOTHING &	
SAN FRANCISCO, CA 94158	94-2722663	501(C)(3)	٥.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
FAMILY MOSAIC PROJECT							
1309 EVANS AVENUE						CLOTHING &	
SAN FRANCISCO, CA 94124	94-1747575	501(C)(3)	٥.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
FEMALE INTERVENTION TEAM (FIT) -							
CITY OF SAN JOSE - 1694 ADRIAN WAY						CLOTHING &	
- SAN JOSE, CA 95122	94-6000419	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
GREATER ST. PAUL BAPTIST CHURCH							
1827 MARTIN LUTHER KING WAY						CLOTHING &	
OAKLAND, CA 94612	94-3121220	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
INTERTRIBAL FRIENDSHIP HOUSE 523 INTERNATIONAL BLVD.						CLOTHING &	
OAKLAND, CA 94606	94-6042089	501(C)(3)	0.	5 666	ESTIMATE	TOYS	MEET AN UNSERVED NEED
Simpline, Cir Stooo	51 0012005			5,000.			
NEVER GIVE UP							
1560 BERGER DRIVE	77 0170675	F01(0)(2)		F		CLOTHING &	
SAN JOSE, CA 95112	77-0170677	POT(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED

THE FAMILY GIVING TREE Schedule I (Form 990)

Part II Continuation of Grants and Other			nizations in the LIn	vited States (Sch	edule I (Form 990) P		7-0204002 Pag
(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
OLIVE CREST ACADEMY							
17800 WOODRUFF AVE.						CLOTHING &	
BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
PORTOLA FAMILY CONNECTIONS							
2565 SAN BRUNO AVE.						CLOTHING &	
SAN FRANCISCO, CA 94134	94-3213689	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
SEASIDE CHILD DEVELOPMENT CENTER							
1450 ELM AVE						CLOTHING &	
SEASIDE, CA 93955	77-0320712	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
TENDERLOIN NEIGHBORHOOD							
DEVELOPMENT CORPORATION (TNDC) -							
201 EDDY STREET - SAN FRANCISCO,						CLOTHING &	
CA 94102	94-2761808	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
THE WIGGINS FAMILY DAY CARE							
730 DRAKE AVE.						CLOTHING &	
MARIN CITY, CA 94965	55-3133378	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
VALLEY HOUSE REHABILITATION CENTER							
991 CLYDE AVENUE						CLOTHING &	
SANTA CLARA, CA 95054	23-2779765	501(C)(3)	0.	5 666	ESTIMATE	TOYS	MEET AN UNSERVED NEED
VOVINAM VIET VO DAO AMERICA							
54 SOUTH 26TH STREET						CLOTHING &	
SAN JOSE, CA 95116	77-0126463	501(C)(3)	0.	5,666.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
SAN FRANCISCO ADULT PROBATION							
850 BRYANT STREET RM 200						CLOTHING &	
SAN FRANCISCO, CA 94103	94-6000417	501(C)(3)	0.	5,524.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
MYKAI'S YOUTH OUTREACH							
5 SANTA CRUZ ST						CLOTHING &	
PITTSBURG, CA 94565	45-4186377	501(C)(3)	0.	5 439	ESTIMATE	TOYS	MEET AN UNSERVED NEED
		F-1(0)(0)	••	5, ±55.	P~ + + + + + + + + + + + + + + + + + + +		

Schedule I (Form 990) THE FAMILY GIVING TREE

Part II Continuation of Grants and Other			nizations in the Un	ited States (Sch	edule I (Form 990) Pa		7-0204002 Pag
(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
IFEMOVES OPPORTUNITY CENTER 3 ENCINA AVE. ALO ALTO, CA 94301	77-0160469	501(C)(3)	0.	5,156.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
ITY OF SAN JOSE - YOUTH NTERVENTION SERVICES - 137 N. HITE RD SAN JOSE, CA 95127	94-6000419		0.		ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990) (2019) TH

THE FAMILY GIVING TREE

77-0284682

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OYS AND CLOTHING	1616	0.	46,688.	FAIR MARKET VALUE	HOLIDAY WISH DRIVE
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional 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

	Supplemental	Information	
Schedule I	(Form 990)	THE H	7

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

TO YOUR CLIENTS "

Schedule I (Form 990)

932291 04-01-19

SCHEDULE J	Compensation Information	I	OMB No. 1	1545-004	47
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	<u> </u>
	Compensated Employees		20	IJ)
Department of the Treasury	 Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. 		Open to	Publ	ic
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Name of the organiz		Employer i			nber
	THE FAMILY GIVING TREE	77-0	28468	2	
Part I Quest	ons Regarding Compensation				
				Yes	No
	opriate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	A, line 1a. Complete Part III to provide any relevant information regarding these items.				
	or charter travel Housing allowance or residence for perso				
	companions Payments for business use of personal re				
	nification and gross-up payments Health or social club dues or initiation fee				
	ary spending account Personal services (such as maid, chauffer	ir, chei)			
h If any of the be	tes on line 1a are checked, did the organization follow a written policy regarding payment or				
-			1b		
	ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	ficers, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3 Indicate which	if any, of the following the organization used to establish the compensation of the organization's				
	Director. Check all that apply. Do not check any boxes for methods used by a related organizati				
	ensation of the CEO/Executive Director, but explain in Part III.				
· · ·	tion committee Written employment contract				
·	nt compensation consultant				
	Form 990 of other organizations				
4 During the year	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
organization or	a related organization:				
a Receive a seve	a Receive a severance payment or change-of-control payment?				
b Participate in, o	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?				
c Participate in, o	c Participate in, or receive payment from, an equity-based compensation arrangement?				
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
-	01(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
contingent on t			_		v
	1?				X
	anization?		<u>5b</u>		X
	5a or 5b, describe in Part III.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation pay and a pat	11			
-	ne net earnings of:		60		x
	n?				X
	anization? 5a or 6b, describe in Part III.				
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1			
-	n lines 5 and 6? If "Yes," describe in Part III		7		x
	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the				
			8		x
	B, did the organization also follow the rebuttable presumption procedure described in				
	tion 53.4958-6(c)?		9		
	k Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990)	2019
•	-		•	,	

932111 10-21-19

77-0284682

Page **2**

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JENNIFER CULLENBINE-PIETRASIK	(i)	137,219.	0.	0.	117,061.	19,205.	273,485.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	1/						1	

Part III Supplemental Information

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

PART I, LINE 3:

THE SURVEY USED FOR COMPENSATION ANALYSIS IS "FAIR PAY FOR NORTHERN

CALIFORNIA NONPROFITS."

PART I, LINE 4B:

THE 457(F) PLAN WAS TERMINATED IN THE CURRENT YEAR AND \$115,180 WAS

DISTRIBUTED TO JENNIFER CULLENBINE-PIETRASIK.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Dort

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019
Open to Public

Name of the	organization
	organization

THE FAMILY GIVING TREE

E	mployer identification number
	77-0284682

	-	-
		77-028

Pa	rt 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 de noncash contribu	eterminin		;
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	Х	1	9,779.	FMV			
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 \blacktriangleright (<u>TOYS AND CLOT</u>)	Х	60,942					
26	Other (BACKPACKS))	X	14,445					
27	Other ► (<u>LAPTOPS AND I</u>)	X	20					
28	Other (HOUSEHOLD ITE)	Х	1	2,337.	ŀ'M∨			
29	Number of Forms 8283 received by the organiz	-	•					
	for which the organization completed Form 828	33, Part IV, I	Donee Acknowledg	gement		-		
							es	No
30a								
								v
						30a		
	· · · · · · · · · · · · · · · · · · ·	oliov that to	quiros the review	of any popotopolard contribut	ions?	24	v	
					ions ?	31	^	
JZa			-			222		x
h						JZd		
b 31 32a	During the year, did the organization receive by must hold for at least three years from the date exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance p Does the organization hire or use third parties of contributions?	olicy that re	n any property rep I contribution, and equires the review of ganizations to solid	orted in Part I, lines 1 throug which isn't required to be us of any nonstandard contribut cit, process, or sell noncash	ions?	30a	Yes X	N(

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

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.

932142 09-27-19	Schedule M (Form 990) 2019 60 2019.04020 THE FAMILY GIVING TREE 06010
	0-k-d-d- N/F 000\ 004

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Go to www.irs.gov/Form990 for the latest information.



THE FAMILY GIVING TREE

77-0284682

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

(INDIVIDUALS, SOCIAL GROUPS, AND BUSINESSES) WHO DISPLAY WISH CARDS -

OFTEN ON HOLIDAY TREES - IN A PUBLIC AREA, SUCH AS A BUSINESS LOBBY.

BY SELECTING A WISH CARD, AN INDIVIDUAL COMMITS TO PURCHASING A GIFT TO

DONATE FOR THOSE MOST UNDERSERVED DURING THE HOLIDAYS.

THE ORGANIZATION HOSTED APPROXIMATELY 3,500 VOLUNTEERS IN 115,000

SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2019 (7,000

VOLUNTEERS IN 125,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN

DECEMBER 2018) WHERE THE DONATED GIFTS ARE THEN SORTED, WRAPPED, AND

DISBURSED TO THE ORGANIZATION'S AGENCY PARTNERS FOR DISTRIBUTION. IN

ADDITION, THE ORGANIZATION MAINTAINS A VIRTUAL GIVING TREE ON ITS

WEBSITE: WWW.FAMILYGIVINGTREE.ORG.

DURING THE YEARS ENDED APRIL 30, 2020 AND 2019, THE ORGANIZATION PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 82,000 AND 77,000 CHILDREN, RESPECTIVELY.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: INCLUDING STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ART AND MATHEMATICS) SUPPLIES - TO APPROXIMATELY 42,000 K-12 STUDENTS, WHO QUALIFY FOR THE FEDERAL FREE AND REDUCED PRICE MEAL PROGRAM, DURING BOTH YEARS ENDED APRIL 30, 2020 AND 2019. OVER 500 DRIVE LEADERS VOLUNTEERED TO ASSIST IN DISPLAYING BACKPACK AND SCHOOL SUPPLY LIST CARDS TO SUPPORT THE GOAL OF THE BACK-TO-SCHOOL DRIVE.

Schedule O (Form 990 or 990-EZ) (2019)	Page 2									
Name of the organization THE FAMILY GIVING TREE	Employer identification number $77 - 0284682$									
	,, 0101001									
THE ORGANIZATION HOSTED APPROXIMATELY 500 DRIVE LEADERS AND 750										
VOLUNTEERS IN 75,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN AUGUST										
2019 AND 506 DRIVE LEADERS AND 700 VOLUNTEERS IN 85,000 SQUARE FEET IN										
AUGUST 2018, TO SORT, FILL, AND DISTRIBUTE THE BACKPACKS TO QUALIFYING										
SCHOOLS. APPROXIMATELY 300 SCHOOLS AND NONPROFIT AGENCIES	RECEIVED THE									
FILLED BACKPACKS FOR DISTRIBUTION TO QUALIFYING K-12 STUDE	NTS.									

CONTINUED: PART III, LINE 1

THE ORGANIZATION COUNTS MANY OF THE BAY AREA'S LEADING COMPANIES AMONG ITS LOYAL SUPPORTERS, INCLUDING APPLE, CISCO, DOLBY, FACEBOOK, GOOGLE, INTUIT, KAISER PERMANENTE, PAYPAL, SALESFORCE.COM, WELLS FARGO, WESTERN DIGITAL AND MANY MORE. THE GENEROUS DONATION OF KEY ASSETS KEEPS PROGRAM SPENDING IN CHECK, ESPECIALLY THE DONATION OF OVER 115,000 SQUARE FEET OF WAREHOUSE SPACE TO HOUSE VOLUNTEERS AND MANAGE TWO DRIVES. IN A COMMUNITY KNOWN FOR HIGH-TECH PROWESS, FGT SUPPORTERS ESPECIALLY APPRECIATE THE BACK-TO-SCHOOL DRIVE'S SUPPORT FOR 'STEAM' (SCIENCE, TECHNOLOGY, ART, ENGINEERING AND MATH) IN THE CLASSROOM. FOR THE FIFTH CONSECUTIVE YEAR, FAMILY GIVING TREE RECENTLY WAS RATED 'FOUR STARS' BY CHARITY NAVIGATOR, THE HIGHEST SCORE POSSIBLE FOR A NONPROFIT.

FORM 990, PART VI, SECTION A, LINE 4:

THE ORGANIZATION REVISED ITS CORPORATE BYLAWS.

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

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND A COPY IS EMAILED TO EACH

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MEMBER OF THE BOARD OF DIRECTORS PRIOR TO FILING.

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

77-0284682

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AT A REGULARLY

SCHEDULED BOARD OF DIRECTORS MEETING. COMPLETED DISCLOSURES ARE COLLECTED

DURING THE MEETING. ANYONE ABSENT IS SENT A COPY FOR COMPLETION.

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

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

THE GOVERNANCE COMMITTEE ANNUALLY REVIEWS THE CEO AND USES AN NPO SURVEY TO EVALUATE CEO COMPENSATION.

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.

PART XII, LINE 2C

THE ORGANIZATION MAINTAINS AN AUDIT COMMITTEE THAT ASSUMES OVERSIGHT

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OVER THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OVER THE

INDEPENDENT ACCOUNTANTS. NO CHANGE TO THE PROCESS OCCURRED FOR

Schedule O (Form 990 or 990-EZ) (2019)

10150902 142001 060102.00

932212 09-06-19

2019.04020 THE FAMILY GIVING TREE

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
5/1/19-4/30/20.	
	Sebadula O /Earm 000 at 000 EZ) (0010)
932212 09-06-19 64	Schedule O (Form 990 or 990-EZ) (2019)

2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

FORM 99	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	FURNITURES FIXTURES AND EQUIPMENT	VARIOUS	SL	.000		16	130,075.				130,075.	100,093.		0.	100,093.
2	SOFTWARE	VARIOUS	SL	.000		16	105,005.				105,005.	104,283.		0.	104,283.
3	TENANT IMPROVEMENTS	VARIOUS	SL	.000		16	44,638.				44,638.	32,484.		0.	32,484.
4	VEHICLES	VARIOUS	SL	.000		16	119,657.				119,657.	42,359.		0.	42,359.
	* TOTAL 990 PAGE 10 DEPR						399,375.				399,375.	279,219.		0.	279,219.

928111 04-01-19

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone