

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **MAY 1, 2021** and ending **APR 30, 2022**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE FAMILY GIVING TREE</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>606 VALLEY WAY</b> City or town, state or province, country, and ZIP or foreign postal code <b>MILPITAS, CA 95035</b> <b>F</b> Name and address of principal officer: <b>JENNIFER PIETRASIK</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>77-0284682</b> <b>E</b> Telephone number <b>4089463111</b> <b>G</b> Gross receipts \$ <b>4,973,575.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>FAMILYGIVINGTREE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1991</b> <b>M</b> State of legal domicile: <b>CA</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>FULFILL THE WISHES OF CHILDREN IN NEED WHILE INSPIRING PHILANTHROPY, KINDNESS, AND VOLUNTEERISM</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
	<b>5</b>	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>21</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>2245</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>6,272,797.</b>
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,729.</b>	<b>7,960.</b>
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>12,569.</b>	<b>131.</b>
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>6,292,095.</b>	<b>4,973,575.</b>
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,406,863.</b>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1,671,787.</b>	<b>1,889,279.</b>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>244,524.</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>628,401.</b>	<b>684,339.</b>
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>4,707,051.</b>	<b>4,869,572.</b>
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>1,585,044.</b>	<b>104,003.</b>
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>3,376,168.</b>	<b>End of Year</b> <b>3,442,090.</b>
	<b>21</b>	Total liabilities (Part X, line 26)	<b>180,642.</b>	<b>142,561.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>3,195,526.</b>	<b>3,299,529.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>JESS GUTIERREZ, CFO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>NICHOLAS PETERSEN</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN <b>P01274743</b>
	Firm's name ▶ <b>ROBERT LEE &amp; ASSOCIATES, LLP</b> Firm's address ▶ <b>999 W TAYLOR STREET, STE A</b> <b>SAN JOSE, CA 95126</b>	Firm's EIN ▶ <b>27-1155496</b> Phone no. (408) 855-6770

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BY INSPIRING COMMUNITY KINDNESS, GENEROSITY, AND VOLUNTEERISM. THE FAMILY GIVING TREE FULFILLS EXACT HOLIDAY WISHES AND PROVIDES BACKPACKS FILLED WITH STEM-BASED SCHOOL SUPPLIES TO THOSE IN NEED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 2,319,745. including grants of \$ 1,405,768. ) (Revenue \$ ) SINCE ITS FOUNDING IN 1990, THE ORGANIZATION HAS HELD A BELIEF THAT NO ONE SHOULD FEEL FORGOTTEN DURING THE HOLIDAYS. DELIVERING A WISHED-FOR GIFT BRINGS JOY AND HOPE AND DELIVERS THE PRICELESS MESSAGE, "YOU MATTER. YOU HAVE VALUE." THE ORGANIZATION WORKS WITH NEARLY 400 SOCIAL SERVICES AGENCIES (HOMELESS SHELTERS, COMMUNITY CENTERS, REHABILITATION HOUSES, AND VARIOUS NON-PROFIT ORGANIZATIONS) AND SCHOOLS TO SUPPORT ITS HOLIDAY WISH DRIVE. THESE AGENCIES AND SCHOOLS SUPPLY THE ORGANIZATION WITH THE NAME AND TWO SPECIFIC WISHES OF THE CHILDREN AND INDIVIDUALS THEY SERVE YEAR-ROUND. A WISH CARD IS PRINTED FOR EACH CHILD OR INDIVIDUAL, DETAILING AGE, GENDER, FIRST NAME, AND THE SPECIFIC GIFT WISHES. THESE WISHES ARE THEN DISTRIBUTED TO MORE THAN 1,100 VOLUNTEER DRIVE LEADERS (INDIVIDUALS, SOCIAL GROUPS, AND

4b (Code: ) (Expenses \$ 1,619,976. including grants of \$ 890,186. ) (Revenue \$ ) THE ORGANIZATION ALSO HOLDS THE CONVICTION THAT EDUCATION IS THE MOST EFFECTIVE PATH OUT OF POVERTY; AND ACCORDING TO THE US CENSUS BUREAU, ALMOST ONE OUT OF EVERY FOUR CALIFORNIA CHILDREN ARE CURRENTLY LIVING BELOW THE FEDERAL POVERTY LINE. TOO OFTEN, THESE CHILDREN LACK THE MOST BASIC SCHOOL SUPPLIES AND EDUCATIONAL TOOLS REQUIRED FOR LEARNING AND HOMEWORK. THE ORGANIZATION'S BACK-TO-SCHOOL DRIVE AIMS TO CLOSE THE EDUCATIONAL GAP FOR CHILDREN FROM LOW-INCOME FAMILIES, BY PROVIDING BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL SUPPLIES.

USING A SIMILAR METHOD OF OPERATION, THE ORGANIZATION PROVIDED BACKPACKS FILLED WITH ESSENTIAL, GRADE-APPROPRIATE SCHOOL SUPPLIES - INCLUDING STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ART AND MATHEMATICS)

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

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

4e Total program service expenses 3,939,721.

**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 detailing various organizational requirements and compliance checks.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JENNIFER CULLENBINE-PIETRASIK EXECUTIVE DIRECTOR	40.00			X			167,567.	0.	23,762.	
(2) JESS GUTIERREZ CHIEF FINANCIAL OFFICER	32.00			X			135,591.	0.	24,732.	
(3) ALFONSO GALAN DIRECTOR OF OPERATIONS	40.00				X		118,454.	0.	19,640.	
(4) JILL MITSCH DEVELOPMENT DIRECTOR	40.00				X		114,763.	0.	5,432.	
(5) MONA TAYLOR CHAIR	2.00	X		X			0.	0.	0.	
(6) DOMINIC MILLS TREASURER	2.00	X		X			0.	0.	0.	
(7) SHIELENE HUEY-BOOKER SECRETARY	2.00	X		X			0.	0.	0.	
(8) KAREN LENOWSKI DIRECTOR	2.00	X					0.	0.	0.	
(9) ANDREA BORCH DIRECTOR	2.00	X					0.	0.	0.	
(10) SACHI PATEL DIRECTOR	2.00	X					0.	0.	0.	
(11) JANE HEXT DIRECTOR	2.00	X					0.	0.	0.	
(12) ROBERT REED DIRECTOR	2.00	X					0.	0.	0.	
(13) ANDREA GRAY DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							536,375.	0.	73,566.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							536,375.	0.	73,566.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 4,965,484.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 948,386.					
	<b>h Total.</b> Add lines 1a-1f .....		4,965,484.				
Program Service Revenue	<b>2 a</b> _____	Business Code					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,669.			3,669.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	4,291.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	0.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>	4,291.				
<b>d</b> Net gain or (loss) .....		4,291.			4,291.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> <b>PRODUCT SALES</b>	Business Code	90099	131.		131.	
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			131.			
<b>12 Total revenue.</b> See instructions .....			4,973,575.	0.	0.	8,091.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,260,262.	2,260,262.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	35,692.	35,692.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	332,209.	152,655.	159,506.	20,048.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,198,452.	823,047.	248,812.	126,593.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	49,057.	31,271.	13,086.	4,700.
<b>9</b> Other employee benefits .....	191,856.	122,297.	51,179.	18,380.
<b>10</b> Payroll taxes .....	117,705.	75,926.	30,316.	11,463.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....	5,947.	3,791.	1,586.	570.
<b>b</b> Legal .....	105.		105.	
<b>c</b> Accounting .....	30,420.		30,420.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	72,464.	25,927.	6,079.	40,458.
<b>12</b> Advertising and promotion .....	90,192.	47,681.	41,133.	1,378.
<b>13</b> Office expenses .....	38,211.	15,617.	19,871.	2,723.
<b>14</b> Information technology .....	107,392.	73,919.	30,767.	2,706.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	34,366.	24,665.	7,471.	2,230.
<b>17</b> Travel .....	17,406.	10,721.	4,866.	1,819.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	44,793.	28,553.	11,949.	4,291.
<b>23</b> Insurance .....	43,044.	27,438.	11,482.	4,124.
<b>24</b> 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 O.)				
<b>a</b> <b>SUPPLIES</b> .....	114,100.	112,678.	455.	967.
<b>b</b> <b>BANK &amp; MERCHANT FEES</b> .....	85,899.	67,581.	16,244.	2,074.
<b>c</b> .....				
<b>d</b> .....				
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	4,869,572.	3,939,721.	685,327.	244,524.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,250,007.	<b>1</b>	2,238,043.
	<b>2</b> Savings and temporary cash investments .....	721,950.	<b>2</b>	953,146.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	318.	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	85,768.	<b>9</b>	97,836.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 507,681.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 359,466.	95,248.	<b>10c</b> 148,215.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	218,027.	<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,850.	<b>15</b>	4,850.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3,376,168.	<b>16</b>	3,442,090.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	180,642.	<b>17</b>	142,561.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	180,642.	<b>26</b>	142,561.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	3,155,776.	<b>27</b>	3,279,529.
	<b>28</b> Net assets with donor restrictions .....	39,750.	<b>28</b>	20,000.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	3,195,526.	<b>32</b>	3,299,529.
	<b>33</b> Total liabilities and net assets/fund balances .....	3,376,168.	<b>33</b>	3,442,090.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,973,575.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,869,572.
3	Revenue less expenses. Subtract line 2 from line 1	3	104,003.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,195,526.
5	Net unrealized gains (losses) on investments	5	
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	3,299,529.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

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

Form 990 (2021)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	5948956.	5985440.	6137318.	6018275.	4965484.	29055473.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	5948956.	5985440.	6137318.	6018275.	4965484.	29055473.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						18,534.
<b>6 Public support.</b> Subtract line 5 from line 4.						29036939.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	5948956.	5985440.	6137318.	6018275.	4965484.	29055473.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,471.	2,084.	5,416.	5,211.	3,669.	17,851.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						29073324.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.87 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	99.72 %
<b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2020 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

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

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

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 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 organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

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

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		44,638.	44,638.	0.
d Equipment				
e Other		463,043.	314,828.	148,215.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				148,215.

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows include (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows include (1) through (9) and Total.

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.

Table with 2 columns: (a) Description of liability, (b) Book value. Rows include 1. (1) Federal income taxes, (2) through (9), and Total.

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]

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	5,436,323.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>	462,748.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	462,748.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,973,575.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	4,973,575.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	5,332,320.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	462,748.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	462,748.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	4,869,572.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	4,869,572.

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

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



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MOBILIZE LOVE 3321 VICENTE ST. SAN FRANCISCO, CA 94116	82-1148375	501(C)(3)	0.	180,505.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CITY TEAM MINISTRIES - SAN JOSE 1297 N. 13TH ST. SAN JOSE, CA 95112	94-1501285	501(C)(3)	0.	100,325.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
ECUMENICAL HUNGER PROGRAM 2411 PULGAS AVE. EAST PALO ALTO, CA 94303	94-2476942	501(C)(3)	0.	77,336.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
WORKING PARTNERSHIPS USA 2102 ALMADEN RD STE 112 SAN JOSE, CA 95125	77-0387595	501(C)(3)	0.	61,391.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
PATHWAY SOCIETY INC. 1659 SCOTT BLVD., SUITE 30 SANTA CLARA, CA 95050	94-1688522	501(C)(3)	0.	52,169.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CENTRAL VALLEY PROJECT 655 JORDAN AVE TURLOCK, CA 95380	94-3454932	501(C)(3)	0.	51,026.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 81.
- 3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2021

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN FRANCISCO CITY IMPACT 230 JONES STREET SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	49,697.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
MILPITAS FIREFIGHTERS TOY PROGRAM 777 SOUTH MAIN STREET MILPITAS, CA 95035	26-0267135	501(C)(3)	0.	26,975.	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.	26,576.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
GLIDE MEMORIAL CHURCH 330 ELLIS ST SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	26,576.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CROSSROAD CALVARY CHURCH 990 S. CAPITOL AVE. SAN JOSE, CA 95127	77-0536018	501(C)(3)	0.	18,710.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
YOUTH UTILIZING POWER AND PRAISE (YUPP) - 3286 FRONDA DR - SAN JOSE, CA 95148	80-0436789	501(C)(3)	0.	15,946.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
THE HOUSE IGLESIA HISPANA 200 EL PASO AVE MODESTO, CA 95351	75-3176516	501(C)(3)	0.	13,288.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
THE HOUSE MODESTO 1601 COFFEE RD. MODESTO, CA 95355	94-1294940	501(C)(3)	0.	13,288.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CREATE A WAY FOUNDATION 1294 63RD ST. EMERYVILLE, CA 94608	46-0599554	501(C)(3)	0.	12,624.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AL-MISBAAH 10277 IRON ROCK WAY STE 200 ELK GROVE, CA 95624	47-3539042	501(C)(3)	0.	12,225.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
TEEN SUCCESS INC. 576 VALLEY WAY MILPITAS, CA 95035	45-0702884	501(C)(3)	0.	11,135.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
LOGIC MINISTRIES 533 JACKSON STREET FAIRFIELD, CA 94533	81-4414977	501(C)(3)	0.	10,391.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CARITAS FELICES 134 SOUTH 20TH STREET SAN JOSE, CA 95116	95-4324104	501(C)(3)	0.	7,973.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CITY OF SAN PABLO - YOUTH SERVICES 13831 SAN PABLO AVE., BLDG 6 SAN PABLO, CA 94806	94-6000423	501(C)(3)	0.	7,973.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST. EAST PALO ALTO, CA 94303	94-2911826	501(C)(3)	0.	7,973.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
JOURNEY TO ACHIEVE FOUNDATION 1800 98TH AVE OAKLAND, CA 94603	04-3367888	501(C)(3)	0.	7,973.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
YWCA SILICON VALLEY 375 S 3RD ST SAN JOSE, CA 95112	94-1186196	501(C)(3)	0.	6,644.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
ARRIBA JUNTOS 1850 MISSION STREET SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0.	5,847.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN ALLIANCE 467 SARATOGA AVENUE, SUITE 626 SAN JOSE, CA 95129	77-0475265	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER - 921 SOUTH FIRST STREET, SUITE #B - SAN JOSE, CA 95110	94-2762269	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CITY OF SAN PABLO - SENIOR CENTER 13831 SAN PABLO AVE. SAN PABLO, CA 94806	94-6000423	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
CROSSSTREETS NEIGHBORHOOD SERVICES 20600 JOHN DR. CASTRO VALLEY, CA 94546	46-4625474	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
MISSION NEIGHBORHOOD CENTERS/HEAD START - 362 CAPP STREET - SAN FRANCISCO, CA 94110	94-1408150	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
NEW LIFE CHRISTIAN DAY CARE 1905 SEMINARY AVE #1 OAKLAND, CA 94621	94-3402980	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
NEW MISSION OUTREACH 3098 FLORENCE AVENUE SAN JOSE, CA 95127	77-0184095	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
OLIVE CREST ACADEMY 17800 WOODRUFF AVE. BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEALTH TRUST 1400 PARKMOOR AVE., SUITE 230 SAN JOSE, CA 95126	94-6050231	501(C)(3)	0.	5,182.	ESTIMATE	CLOTHING & TOYS	MEET AN UNSERVED NEED
BAY AREA DEPUTY SHERIFFS' CHARITABLE FOUNDATION - 460 BRANNAN ST., SUITE 77650 - SAN FRANCISCO, CA 94107	30-0287554	501(C)(3)	0.	26,365.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
RAVENSWOOD MIDDLE SCHOOL 2450 RALMAR AVE EAST PALO ALTO, CA 94303	77-0209800	501(C)(3)	0.	19,444.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
YERBA BUENA HIGH SCHOOL 1855 LUCRETIA AVE SAN JOSE, CA 95122	94-2864184	501(C)(3)	0.	16,478.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
GREENFIELD LION'S CLUB 8 8TH ST. GREENFIELD, CA 93927	95-6137141	501(C)(3)	0.	13,215.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
BELLE HAVEN ELEMENTARY 415 IVY DR MENLO PARK, CA 94025	77-0209800	501(C)(3)	0.	13,182.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
CITY TEAM MINISTRIES - SAN JOSE 1297 N. 13TH ST. SAN JOSE, CA 95112	94-1501285	501(C)(3)	0.	13,182.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ST. ANTHONY FOUNDATION 150 GOLDEN GATE AVENUE SAN FRANCISCO, CA 94102	94-1513140	501(C)(3)	0.	13,182.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
APTITUD COMMUNITY ACADEMY AT GOSS 2475 VAN WINKLE LANE SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	12,359.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DORSA ELEMENTARY SCHOOL 1290 BAL HARBOR DRIVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	11,535.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
CAMBRIDGE ELEMENTARY 1135 LACEY LN CONCORD, CA 94520	68-0197529	501(C)(3)	0.	10,876.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
LYNDALE ELEMENTARY 13901 NORDYKE DR. SAN JOSE, CA 95127	94-2581686	501(C)(3)	0.	9,887.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
MATHSON MIDDLE SCHOOL 2050 KAMMERER AVE. SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	9,887.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
MOBILIZE LOVE 3321 VICENTE ST. SAN FRANCISCO, CA 94116	82-1148375	501(C)(3)	0.	9,887.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
RUSSO MCENTEE ACADEMY 2851 GAY AVE SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	9,887.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SAN ANTONIO ELEMENTARY SCHOOL 1721 E. SAN ANTONIO ST. SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	9,887.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SAN FRANCISCO CITY ACADEMY 230 JONES ST. SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	9,887.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
W.C. OVERFELT HIGH SCHOOL 1068 BIRD AVE SAN JOSE, CA 95125	94-2864814	501(C)(3)	0.	9,887.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN PROMISE ACADEMY 3031 EAST 18TH ST. OAKLAND, CA 94601	43-2014630	501(C)(3)	0.	9,656.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
PAINTER ELEMENTARY SCHOOL 500 ROUGH AND READY RD. SAN JOSE, CA 95133	77-0016360	501(C)(3)	0.	8,569.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ACHIEVE ACADEMY 1700 28TH AVE. OAKLAND, CA 94601	20-2204424	501(C)(3)	0.	8,239.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
HUBBARD MEDIA ARTS ACADEMY 1680 FOLEY AVE SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	8,239.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DONALD J MEYER ELEMENTARY SCHOOL 1824 DAYTONA DR. SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	7,580.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
EAST PALO ALTO POLICE DEPARTMENT 141 DEMETER ST. EAST PALO ALTO, CA 94303	94-2911826	501(C)(3)	0.	6,921.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DOWNTOWN COLLEGE PREP MIDDLE - ALUM ROCK - 2888 OCALA AVE. - SAN JOSE, CA 95148	77-0517240	501(C)(3)	0.	6,789.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ALPHA JOSE HERNANDEZ 1601 CUNNINGHAM AVE SAN JOSE, CA 95122	77-0272168	501(C)(3)	0.	6,591.	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.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANTIOCH HIGH SCHOOL 700 W. 18TH ST. ANTIOCH, CA 94509	86-1134505	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
COX ACADEMY EDUCATION FOR CHANGE 9860 SUNNYSIDE ST OAKLAND, CA 94603	20-2204424	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
CRITTENDEN MIDDLE SCHOOL 1701 ROCK ST MOUNTAIN VIEW, CA 94043	93-0991812	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ESCUELA POPULAR BILINGUAL FAMILY LEARNING CENTER - 467 N. WHITE RD. - SAN JOSE, CA 95127	77-0354277	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
FRANKLIN ELEMENTARY - OAKLAND 915 FOOTHILL BLVD. OAKLAND, CA 94606	94-6000385	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
GRANT ELEMENTARY - SAN JOSE 470 E. JACKSON ST. SAN JOSE, CA 95112	94-6002606	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
JOHN J. MONTGOMERY ELEMENTARY 2010 DANIEL MALONEY DR. SAN JOSE, CA 95121	77-0225132	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
MILLARD MCCOLLAM ELEMENTARY 3311 LUCIAN AVE, SAN JOSE, CA 95127	94-2581686	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
OCALA MIDDLE SCHOOL 2800 OCALA AVE. SAN JOSE, CA 95148	77-0016360	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 noncash 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. BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
RUUS ELEMENTARY 28027 DISCKENS AVE. HAYWARD, CA 94540	94-1693499	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR. SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
WASHINGTON ELEMENTARY SCHOOL 100 OAK ST. SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	6,591.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
LINDA VISTA ELEMENTARY SCHOOL 100 KIRK AVE SAN JOSE, CA 95127	94-2581686	501(C)(3)	0.	6,163.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
BACHRODT CHARTER ACADEMY 102 SONORA AVE. SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	5,800.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ACE EMPOWER ACADEMY 625 SOUTH SUNSET AVE SAN JOSE, CA 95116	26-1570590	501(C)(3)	0.	5,767.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
BRIDGES ACADEMY AT MELROSE 1325 53RD AVE. OAKLAND, CA 94601	43-2014630	501(C)(3)	0.	5,767.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED
ENCOMPASS ACADEMY ELEMENTARY 1025 81ST AVE. OAKLAND, CA 94621	43-2014630	501(C)(3)	0.	5,767.	ESTIMATE	BACKPACKS & SCHOOL SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TOYS AND CLOTHING	1343	0.	35,692.	ESTIMATE	HOLIDAY WISH DRIVE

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

PART I, LINE 2:

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

**Part IV** Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2021**

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
 ▶ Attach to Form 990.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JENNIFER CULLENBINE-PIETRASIK EXECUTIVE DIRECTOR	(i)	167,567.	0.	0.	0.	23,762.	191,329.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JESS GUTIERREZ CHIEF FINANCIAL OFFICER	(i)	135,591.	0.	0.	0.	24,732.	160,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**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."

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	25	1,614.	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 ▶ ( <u>TOYS AND CLOT</u> )	X	458	683,601.	FMV
26 Other ▶ ( <u>BACKPACKS</u> )	X	101	263,171.	FMV
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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



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

Multiple horizontal lines for supplemental information.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number

77-0284682

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

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 1,600 VOLUNTEERS IN 99,000 SQUARE  
FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2021 AND 2,200 VOLUNTEERS  
IN 103,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN DECEMBER 2020,  
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](http://WWW.FAMILYGIVINGTREE.ORG).

DURING THE YEARS ENDED APRIL 30, 2022 AND 2021, THE ORGANIZATION  
PROVIDED HOLIDAY GIFTS TO APPROXIMATELY 53,000 AND 78,000 CHILDREN,  
RESPECTIVELY.

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

SUPPLIES - TO APPROXIMATELY 25,000 AND 23,000 K-12 STUDENTS, WHO  
QUALIFY FOR THE FEDERAL FREE AND REDUCED PRICE MEAL PROGRAM, DURING  
BOTH YEARS ENDED APRIL 30, 2022 AND 2021, RESPECTIVELY. OVER 300 DRIVE  
LEADERS VOLUNTEERED TO ASSIST IN DISPLAYING BACKPACK AND SCHOOL SUPPLY  
LIST CARDS TO SUPPORT THE GOAL OF THE BACK-TO-SCHOOL DRIVE.

THE ORGANIZATION HOSTED APPROXIMATELY 300 DRIVE LEADERS AND 500

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

Schedule O (Form 990) 2021

Name of the organization THE FAMILY GIVING TREE	Employer identification number 77-0284682
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VOLUNTEERS IN 25,000 SQUARE FEET OF DONATED WAREHOUSE SPACE IN AUGUST 2021 AND 500 DRIVE LEADERS AND 1,800 VOLUNTEERS IN 40,000 SQUARE FEET IN AUGUST 2020, 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 STUDENTS.

CONTINUED: PART III, LINE 1:

THE ORGANIZATION COUNTS MANY OF THE BAY AREA'S LEADING COMPANIES AMONG ITS LOYAL SUPPORTERS, INCLUDING APPLE, CISCO, DOLBY, FACEBOOK, GOOGLE, INTUIT, KAISER PERMANENTE, PAYPAL, SALESFORCE.COM, WELLS FARGO, WESTERN DIGITAL AND MANY MORE. THE GENEROUS DONATION OF KEY ASSETS KEEPS PROGRAM SPENDING IN CHECK, ESPECIALLY THE DONATION OF OVER 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.

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

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

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY AT A REGULARLY SCHEDULED BOARD OF DIRECTORS MEETING. COMPLETED DISCLOSURES ARE COLLECTED DURING THE MEETING. ANYONE ABSENT IS SENT A COPY FOR COMPLETION.

Name of the organization <b>THE FAMILY GIVING TREE</b>	Employer identification number <b>77-0284682</b>
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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 OVER THE AUDIT OF THE FINANCIAL STATEMENTS AND SELECTION OVER THE INDEPENDENT ACCOUNTANTS. NO CHANGE TO THE PROCESS OCCURRED FOR THE FISCAL YEAR ENDED 2022.

