Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	ror tn	e 2021 calendar year, or tax year beginning MAY 1, 2021 and	enaing A	PR 30, 2022				
В	Check if applicab	C Name of organization		D Employer identific	cation number			
	Addre							
	Name	e Doing business as		77-02846	82			
	□ Initial □ returr □ Final	Number and street (or P.U. box if mail is not delivered to street address)	Room/suite	•				
	Ireturr			4089463111				
	terminated			G Gross receipts \$	4,973,575.			
Ļ	returr	MILPITAS, CA 95055		H(a) Is this a group re				
	tion pendi	F Name and address of principal officer: OEMNIFER FIEIRASIR		for subordinates? Yes X No				
_		SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) o	or 527	1	list. See instructions			
		te: FAMILYGIVINGTREE.ORG	1	H(c) Group exemptio				
	orm o	f organization: X Corporation Trust Association Other ► Summary	L Year	of formation: 1991 N	1 State of legal domicile: CA			
	1	Briefly describe the organization's mission or most significant activities: FULF	тт.т. тн	E WISHES OF	CHILDREN			
Se	Ι'	IN NEED WHILE INSPIRING PHILANTHROPY, KIN						
Activities & Governance	2	Check this box if the organization discontinued its operations or dispos						
Ver	3	- · · · · · · · · · · · · · · · · · · ·		3	9			
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			9			
ა თ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			21			
ij	6	Total number of volunteers (estimate if necessary)			2245			
ċį	7 a			7a	0.			
ď	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
d)	8	Contributions and grants (Part VIII, line 1h)		6,272,797.	4,965,484.			
Ď	9	Program service revenue (Part VIII, line 2g)		0.	0.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		6,729.	7,960.			
E	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		12,569.	131.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,292,095.	4,973,575			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,406,863.	2,295,954.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,671,787.	1,889,279.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.			
X	. b	Total fundraising expenses (Part IX, column (D), line 25) 244,52			504 000			
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		628,401.	684,339.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,707,051.	4,869,572.			
_	19	Revenue less expenses. Subtract line 18 from line 12		1,585,044.	104,003.			
Net Assets or			Ве	ginning of Current Year	End of Year			
sset	20	Total assets (Part X, line 16)		3,376,168.	3,442,090.			
etA	21	Total liabilities (Part X, line 26)		180,642.	142,561.			
Ž	22 art II	Net assets or fund balances. Subtract line 21 from line 20		3,195,526.	3,299,529.			
					. Ialadaa and baliaf it is			
		alties of perjury, I declare that I have examined this return, including accompanying schedules ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and beller, it is			
true	, corre	t, and complete. Declaration of preparer (other than officer) is based on an information of wh	iicii preparei	lias ally kilowieuge.				
Sig	n	Signature of officer		Date				
Hei		JESS GUTIERREZ, CFO						
110	•	Type or print name and title						
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	NICHOLAS PETERSEN		if self-employ				
	parer	Firm's name ROBERT LEE & ASSOCIATES, LLP	I		27-1155496			
	Only	Firm's address 999 W TAYLOR STREET, STE A						
_		SAN JOSE, CA 95126		Phone no. (4	08) 855-6770			
Ma	y the I	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$2, 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.
	HIGTNO & GIMTLAR MEMBER OF ORDRANTON MHE ORGANIZATION PROVIDER
	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 \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 3,939,721.

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Form 990 (2021) THE FAMILY GIVING TREE Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
Ü	, , ,	8		X
9	Schedule D, Part III	<u> </u>		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		X
10	If "Yes," complete Schedule D, Part IV	ا ا		
10		10		x
44	or in quasi endowments? <i>If</i> "Yes," complete Schedule D, Part V	10		- 22
11				
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	11a	71	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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			x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	Х	
	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	441.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
4-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	I

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Form **990** (2021)

77-0284682

Form 990 (2021) THE FAMILY GIVING TREE
Part IV | Checklist of Required Schedules (continued)

	Continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		163	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			х
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	00		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 7			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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THE FAMILY GIVING TREE 77-0284682 Page 5 Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Form **990** (2021)

If "Yes," complete Form 6069.

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

Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	9								
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	9								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		X						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X						
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?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	-						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X							
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	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	on Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	X							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process 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			77						
	taxable entity during the year?	16a		X						
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									
500	exempt status with respect to such arrangements? tion C. Disclosure	16b								
17 19	List the states with which a copy of this Form 990 is required to be filed ►CA, OR Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	le only	avoilel							
18	for public inspection. Indicate how you made these available. Check all that apply.	is offis)	avaliäl	JIE .						
10	X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finan	cial							
19	statements available to the public during the tax year.	iu iiiiaN	oidi							
20	State the name, address, and telephone number of the person who possesses the organization's books and records									
20	JESS R. GUTIERREZ, CFO - (408)946-3111									
	606 VALLEY WAY MILPITAS CA 95035									

Form **990** (2021)

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.

Nours for related organizations Nour	(A) Name and title	(B) Average hours per week	box	not c	Pos heck i ss per	more rson i	than of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
EXECUTIVE DIRECTOR (2) JESS GUTIERREZ 32.00 CHIEF FINANCIAL OFFICER (3) ALFONSO GALAN DIRECTOR OF OPERATIONS (4) JILL MITSCH DEVELOPMENT DIRECTOR (5) MONA TAYLOR CHAIR (6) ODMINIC MILLS TREASURER (7) SHIELENE HUEY-BOOKER SECRETARY (8) KAREN LENOWSKI DIRECTOR (9) ANDREA BORCH DIRECTOR (10) SACHI PATEL DIRECTOR (11) JANE HEXT DIRECTOR (12) ROBERT REED DIRECTOR (12) ROBERT REED DIRECTOR (13) ANDREA GRAY X X 167,567. 0. 23,762 X 135,591. 0. 24,732 X 118,454. 0. 19,640 X 114,763. 0. 19,640 X 114,763. 0. 0. 5,432 X X 0. 0. 0. 0.		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/	(W-2/1099-MISC/	organization
CHIEF FINANCIAL OFFICER		40.00	1								
X		<u> </u>			X		_		167,567.	0.	23,762
Alfonso Galan		32.00	4		l				105 501		04 500
X		40.00			X	_	├		135,591.	0.	24,732
A		40.00	-				,,		110 454	0	10 (40
DEVELOPMENT DIRECTOR X		40.00		_		_	X		118,454.	0.	19,640
CHAIR		40.00	-				_v		114 762	0	E 122
X		2 00					┢		114,703.	0.	3,434
Column C		2.00	v		v				0	0	n
X X X X X X X X X X		2.00							0.	0.	0
(7) SHIELENE HUEY-BOOKER	TREASURER	2:00	x		x				0.	0.	0
X X 0	(7) SHIELENE HUEY-BOOKER	2.00					H				
(8) KAREN LENOWSKI	SECRETARY		x		x				0.	0.	0
X	(8) KAREN LENOWSKI	2.00									
(9) ANDREA BORCH 2.00 DIRECTOR X (10) SACHI PATEL 2.00 DIRECTOR X (11) JANE HEXT 2.00 DIRECTOR X (12) ROBERT REED 2.00 DIRECTOR X (13) ANDREA GRAY 2.00	DIRECTOR		Х						0.	0.	0
Column	(9) ANDREA BORCH	2.00									
X	DIRECTOR		Х						0.	0.	0
(11) JANE HEXT	(10) SACHI PATEL	2.00									
X 0. 0. 0 0 0 0 0 0 0 0	DIRECTOR		Х						0.	0.	0
(12) ROBERT REED 2.00 DIRECTOR X (13) ANDREA GRAY 2.00	(11) JANE HEXT	2.00									
DIRECTOR X 0. 0. 0 0 (13) ANDREA GRAY 2.00	DIRECTOR		Х						0.	0.	0
(13) ANDREA GRAY 2.00		2.00	ļ								
			X						0.	0.	0
DIRECTOR X U. O. O. O.	, ,	2.00	ļ							•	
	DIRECTOR		X				-		0.	0.	0
			1								

Form **990** (2021)

Section A. Officers, Directors, Trus	<u>tees, Key Em</u>	<u>oloy</u>	ees,	and	Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)		(C)					(D)	(E)			(F)	
Name and title	Average	(do		Pos heck i			one	Reportable	Reportable		Est	imate	d
	hours per	box	, unle	ss per	rson i	is both	h an	compensation	compensation		am	ount (of
	week		cer ar	nd a di	irecto	or/trus	itee)	from	from related		(other	
	(list any	rector						the	organizations			ensa	
	hours for related	or di	e e			ated		organization	(W-2/1099-MISC	"		m the	
	organizations	ustee	trust		9	Suedi		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		_	nizati relate	
	below	ual tr	tional		ploye	t col		1				nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	sey employee	Highest compensated employee	Former				orga	mzatic	7110
		=	-	0	~	Τ 60	-			\neg			
		-											
										+			
										+			
										+			
		<u> </u>								\perp			
										\top			
										+			
1b Subtotal								536,375.		0.	73	3,56	56.
c Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d Total (add lines 1b and 1c)		<u></u>					<u> </u>	536,375.		0.	73	3,56	56.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable				4
compensation from the organization												Yes	No
3 Did the organization list any former officer.	director, trust	ee, k	кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3		X
4 For any individual listed on line 1a, is the su	ım of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization				
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		L	4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedul	∋ <i>J f</i> c	or su	ıch r	pers	on				<u> </u>	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest co	mneneated inc		nda	nt cc	ntr	acto	re th	nat received more than \$	100 000 of compe	neatic	n fro		
the organization. Report compensation for											,,,,,,		
(A) Name and business	address	NT/	\\TT	7				(B) Description of s	envices	Cor	(C) satior	1
Traine and business	uddicoo	11(INC	<u> </u>				Возоприон от с	ICT VIOCO		Прсп	Jacioi	
		—					-						
2 Total number of independent contractors (i	ncluding but n	ot lir	nited	d to t	thos	se lis	ted	above) who received me	ore than				
\$100,000 of compensation from the organi					(100	
										Fo	orm 🤄	990 (2	2021)

77-0284682

Form 990 (2021) THE FAM
Part VIII | Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Belled of company Incidior revenue Check of Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Belled of company Incidior revenue Check of Schedule O contains a response or note to any line in this Part VIII (A) Total revenue Belled of coronary Incidior revenue Check of Schedule O contains a response or note to any line in this Part VIII (B) Total revenue Check of Schedule O contains a response or note to any line in this Part VIII (C) Total revenue Check of Schedule O contains a response or note to any line in this Part VIII Incidence of the schedule of contains a response or note to any line in this Part VIII (B) Part VIII Total Red lines a schedule of contains a response or note to any line in this Part VIII Total Red lines a schedule of contains a response or note to any line in this Part VIII Total revenue Check of contains a response or note to a schedule or s	· u	L V				or note to any lin	o in this Bort VIII			
Total revenue Related campaigns 1 a Federated campaigns 1 b Membership dues 1 b Member			Check if Schedule O	conta	uns a response	or note to any iir	<u>le in this Part VIII</u> (A)	(B)	(C)	(D)
1 a Federated campaigns 1a b b b b b b b b b								Related or exempt		Revenue excluded
1 a Federated campaigns 1 b Membership dues 10 10 10 10 10 10 10 1								function revenue	business revenue	
b					1.1					360110113 3 12 - 3 14
Business Code Part	ints	1 6			1 1		-			
Business Code Part	Gra Jou						-			
Business Code Part	ts, (•					-			
Business Code Part	ia i	(-			
Business Code Part	ıs, jin	•					-			
Business Code Part	를 걸 C	1				0.65 404				
Business Code Part	Β̈́		similar amounts not included	abov	e 1f 4 ,	965,484.	-			
Business Code Part	gir	9	Noncash contributions included in	lines 1a	a-1f 1g \$					
2 a b b de c c de c de c de c de c de c de	<u>റ്റ് ह</u>		n Total. Add lines 1a-1f				4,965,484.			
Security						Business Code				
g Total. Add lines 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 6 d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 d A, 291. 4 A, 291. 4 A, 291. 4 A, 291. 5 Can or (loss) 6 D 6 Can or (loss) 7 a A, 291. 6 Net gain or (loss) 7 a A, 291. 7 a Coss income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 8 B 6 Less: direct expenses 8 B 6 Less: direct expenses 8 B 6 Less: direct expenses 9 D 7 a Coss ales of inventory, less returns 8 and allowances 9 Less: cost of goods sold 10 b Coss sales of inventory, less returns 9 and allowances 10 a Gross sales of inventory, less returns 10a b Less: cost of goods sold 10b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11 a PRODUCT SALES 11 a PRODUCT SALES 11 a PRODUCT SALES 11 a Office of the cost of	ė	2 8	a							
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g Total. Add lines 2a:21 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royatties 6 a Gross rents 6 b Less: rental expenses 6 c Rental income or (loss) 6 d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7 d A, 291. 4 A, 291. 4 A, 291. 4 A, 291. 5 Can or (loss) 6 D 6 Can or (loss) 7 a A, 291. 6 Net gain or (loss) 7 a A, 291. 7 a Coss income from fundraising events (not including \$\frac{1}{2}\$ of contributions reported on line 1c). See Part IV, line 18 8 B 6 Less: direct expenses 8 B 6 Less: direct expenses 8 B 6 Less: direct expenses 9 D 7 a Coss ales of inventory, less returns 8 and allowances 9 Less: cost of goods sold 10 b Coss sales of inventory, less returns 9 and allowances 10 a Gross sales of inventory, less returns 10a b Less: cost of goods sold 10b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory 11 a PRODUCT SALES 11 a PRODUCT SALES 11 a PRODUCT SALES 11 a Office of the cost of	S	(c							
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Other similar amounts			g Total. Add lines 2a-2f)				
4 Income from investment of tax-exempt bond proceeds 5 Royalties		3	Investment income (includ	ling c	dividends, inter	est, and				
10			other similar amounts)		>	3,669.			3,669.	
Second S		4	Income from investment of	of tax-	exempt bond	oroceeds				
Second S		5	Royalties	. <u></u>)				
b Less: rental expenses c Rental income or (loss) 6c					(i) Real	(ii) Personal				
b Less: rental expenses c Rental income or (loss) 6c		6 a	a Gross rents	6a						
The state of the s				6b						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 0. 7c 4,291. 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18				6с						
7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 0. 7c 4,291. 8 a Gross income from fundraising events (not including \$		(d Net rental income or (loss)			>				
b Less: cost or other basis and sales expenses		7 a	a Gross amount from sales of							
b Less: cost or other basis and sales expenses			assets other than inventory	7a	4,291.					
C Gain or (loss) 7c 4,291. d Net gain or (loss) 5 4,291. 4,2		ı	•		-					
C Gain or (loss) 7c 4,291. d Net gain or (loss) 5 4,291. 4,2	ē		and sales expenses	7b	0.					
8 a Gross income from fundraising events (not including \$	enr		Gain or (loss)	7c			-			
8 a Gross income from fundraising events (not including \$	Şe.		d Net gain or (loss)			-	4,291.			4,291.
including \$ of contributions reported on line 1c). See Part IV, line 18 8a 8b						T				•
contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a 9b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a PRODUCT SALES 9 0 0 0 0 9 9 1 31 . 131.	됩			5	` .					
Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory Net income or (loss) from sales of inventory Business Code 900099				line 1						
b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a PRODUCT SALES 900099 131.			•		·	1				
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Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 10 a PRODUCT SALES PRODUCT SALES										
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c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a PRODUCT SALES 900099 131. Business Code 900099 131. 131.						1				
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a PRODUCT SALES b C d All other revenue e Total. Add lines 11a-11d						•				
and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a PRODUCT SALES Business Code 900099 131. 131.					I	T				
b Less: cost of goods sold tob c Net income or (loss) from sales of inventory 11 a PRODUCT SALES b Solution Business Code 900099 131. 131. 131. 131. 131. 131.						a				
C Net income or (loss) from sales of inventory Business Code 900099 11 a PRODUCT SALES 900099 131. 131.		,				1	-			
11 a PRODUCT SALES Business Code 900099 131. 131.						<u>~</u>				
11 a PRODUCT SALES 900099 131. 131.			. NOT INCOME OF 1033/ HOME	Juico	or mivoritory .	Business Code				
e Total. Add lines 11a-11d	sn	11 -	PRODUCT SALES				131.			131.
e Total. Add lines 11a-11d	Jue									
e Total. Add lines 11a-11d	ila Ven									
e Total. Add lines 11a-11d	Sce									
	Ξ						131			
		12						0.	0.	8,091.

Form 990 (2021) THE FAMILY GIVING TREE Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		his Part IX	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,260,262.	2,260,262.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	35,692.	35,692.		
3	Grants and other assistance to foreign	33,0320	33,6321		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	332,209.	152,655.	159,506.	20,048
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 100 450	002 047	0.40 010	106 502
7	Other salaries and wages	1,198,452.	823,047.	248,812.	126,593
8	Pension plan accruals and contributions (include	49,057.	31,271.	13,086.	4,700
9	section 401(k) and 403(b) employer contributions) Other employee benefits	191,856.	122,297.	51,179.	18,380
9 10		117,705.	75,926.	30,316.	11,463
11	Payroll taxes Fees for services (nonemployees):	117,703.	73,320.	30,310.	11,400
'' a	Management	5,947.	3,791.	1,586.	570
	Legal	105.	77.72.	105.	<u> </u>
	Accounting	30,420.		30,420.	
	Lobbying	,		,	
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)	72,464.	25,927.	6,079.	40,458
12	Advertising and promotion	90,192.	47,681.	41,133.	1,378
13	Office expenses	38,211.	15,617.	19,871.	2,723
14	Information technology	107,392.	73,919.	30,767.	2,706
15	Royalties	24 266	24 665	7 471	2 220
16	Occupancy	34,366.	24,665. 10,721.	7,471.	2,230
17	Travel	17,406.	10,721.	4,000.	1,819
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings				
19 20	·				
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	44,793.	28,553.	11,949.	4,291
23	Insurance	43,044.	27,438.	11,482.	4,124
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
а	amount, list line 24e expenses on Schedule 0.) SUPPLIES	114,100.	112,678.	455.	967
b	BANK & MERCHANT FEES	85,899.	67,581.	16,244.	2,074
c		,	,	,	= ,
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,869,572.	3,939,721.	685,327.	244,524
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form **990** (2021)

Form 990 (2021)
Part X | Balance Sheet

Par	rt 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
	1	Cash - non-interest-bearing			2,250,007.	1	2,238,043.
	2	Savings and temporary cash investments			721,950.	2	953,146.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	ons		5	
	6	Loans and other receivables from other disqu	ıalified per	sons (as defined			
		under section 4958(f)(1)), and persons describ				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			318.	8	
⋖	9	Prepaid expenses and deferred charges	85,768.	9	97,836.		
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	507,681.	25 242		140.015
	b	Less: accumulated depreciation	95,248.	10c	148,215.		
	11	Investments - publicly traded securities		010 000	11		
	12	Investments - other securities. See Part IV, lin	218,027.	12			
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		4 0 5 0	14	4 0 5 0	
	15	Other assets. See Part IV, line 11			4,850.	15	4,850.
	16	Total assets. Add lines 1 through 15 (must e		1	3,376,168. 180,642.	16	3,442,090.
	17	Accounts payable and accrued expenses	ı	100,042.	17	142,561.	
	18	Grants payable		18			
	19	Deferred revenue				19 20	
	20 21	Tax-exempt bond liabilities				21	
	22	Loans and other payables to any current or for				21	
Liabilities	22	trustee, key employee, creator or founder, su					
bili		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to uni				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D	•	· · · · · · · · · · · · · · · · · · ·		25	
	26	Total liabilities. Add lines 17 through 25			180,642.	26	142,561.
		Organizations that follow FASB ASC 958, o	heck here	x X			
Ses		and complete lines 27, 28, 32, and 33.					
auc	27	Net assets without donor restrictions			3,155,776.	27	3,279,529.
Ba	28	Net assets with donor restrictions			39,750.	28	20,000.
pur		Organizations that do not follow FASB ASC	C 958, che	ck here 🕨 🗌			
딘		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
set	30	Paid-in or capital surplus, or land, building, or	equipmer	t fund		30	
t As	31	Retained earnings, endowment, accumulated	l income, d	or other funds		31	
Ne.	32	Total net assets or fund balances			3,195,526.	32	3,299,529.
	33	Total liabilities and net assets/fund balances			3,376,168.	33	3,442,090.

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI								
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,97						
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,86						
3	Revenue less expenses. Subtract line 2 from line 1	3			03.				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,19	<u>5,5</u>	<u> 26.</u>				
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			0.				
9									
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	3,29	9, <u>5</u>	<u> 29.</u>				
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X				
				Yes	No				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			Х				
2a	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?		2b	X					
	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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X					
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.							
За	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?		. 3a		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b						
			Form	990	(2021)				

132012 12-09-21

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization THE FAMILY GIVING TREE 77-0284682 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support	71	<u> </u>	,			
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and			• •			
	membership fees received. (Do not						
	include any "unusual grants.")	5948956.	5985440.	6137318.	6018275.	4965484.	29055473.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	5040056	5005440	64 2 5 2 4 2	6010005	4065404	00055450
	Total. Add lines 1 through 3	5948956.	5985440.	6137318.	6018275.	4965484.	29055473.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						18,534.
	Public support. Subtract line 5 from line 4.						29036939.
Sec	tion B. Total Support					_	
Caler	ndar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	5948956.	5985440.	6137318.	6018275.	4965484.	29055473.
8	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.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						29073324.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ne 6, column (f), d	ivided by line 11, o	olumn (f))		14	99.87 %
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	99.72 %
	33 1/3% support test - 2021. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				▶ X
b	33 1/3% support test - 2020. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization quali	fies as a publicly s	supported organiza	ition			▶□
	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	e facts-and-circum	nstances test, ched	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	zation	▶□
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s ▶□

Schedule A (Form 990) 2021

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						_
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.1	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

132023 01-04-22 Schedule A (Form 990) 2021

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2		
	За		
	3b		
	0.5		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	90		
	10a		
	10b		
ule	A (Form	n 990)	2021

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard	3b		

Sche	dule A (Form 990) 2021 THE FAMILY GIVING TREE			77-0284682 Page 6
Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations _{(continued}	<u>d)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne 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		1	10	
Secti	on 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 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total 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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
с	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	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е	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 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

THE FAMILY GIVING TREE

Employer identification number 77-0284682

Par			r Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
	Tatal acceptance at and of consu	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2 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	t funds
·	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition 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 quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		l l
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		1 1
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the o	rganization during the tax
4	year ▶ Number of states where property subject to conservation ea:	coment is located	
5	Does the organization have a written policy regarding the per		
Ū	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>	, ,	3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statemen	ts that describes the
Da	organization's accounting for conservation easements.	Ant Historical Tracerras or Oth	au Ciurilau Aggata
Pai	t III Organizations Maintaining Collections of		er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	, ,	•
	service, provide in Part XIII the text of the footnote to its final		
D	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	exhibition, education, or research in further	rance of public service,
			L \$
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre	asures or other similar assets for financial o	
_	the following amounts required to be reported under FASB A		gani, provide
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2021

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

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or	Other S	imilar Ass	ets (contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	make sign	ificant use of	its		
	collection items (check all that apply):								
а	Public exhibition	c	l Loan or exc	change progra	ım				
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organizatio	n's exempt	t purpose in F	art XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	sures, or othe	r similar as	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrange reported an amount on Form 990, Pa		ete if the organization	on answered "	Yes" on Fo	orm 990, Part	IV, line 9, or		
	Is the organization an agent, trustee, custodi		iary for contribution	s or other ass	ets not inc	luded			—
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
			g				Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			_
f	Ending balance					1f			
2a	Did the organization include an amount on F					?	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on F	Part XIII				
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" on Fo	orm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back (d)	Three years b	ack (e) Four	years ba	ack
1a	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a	i)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment >	%							
С	Term endowment >	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administer	ed for the c	organization	_		
	by:							Yes	No_
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza						3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	1		T					
	Description of property	(a) Cost or o basis (investr	, , , , , ,	t or other (other)		umulated eciation	(d) Book	value	
1a	Land								
b	Buildings								
С	Leasehold improvements		4	4,638.	4	4,638.			0.
d	Equipment								
	Other			3,043.		.4,828.		3,21	
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X. column (B), line 1	'0c.)			148	3,21	<u>5.</u>

Schedule D (Form 990) 2021

	GIVING TREE	77	7-0284682 _{Page} 3
Part VII Investments - Other Securities.	on Form 000 Both BUT	11h Coo Form 000 Doub V Pro 40	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d of year market value
	(b) book value	(c) Method of Valuation. Cost of en	u-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990. Part X. line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1)	. ,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.	e 15.)	>	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

(9)

Par	t XI	Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Re	turn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total	revenue, gains, and other support per audited financial statements			1	5,436,323.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:				
а		nrealized gains (losses) on investments				
b		ed services and use of facilities		462,748.	-	
С		reries of prior year grants				
d	Other	(Describe in Part XIII.)	2d			
е		nes 2a through 2d			2e	462,748. 4,973,575.
3	Subtra	act line 2e from line 1			3	4,973,575.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other	(Describe in Part XIII.)	4b			_
С		nes 4a and 4b			4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,973,575.
Pai	t XII	Reconciliation of Expenses per Audited Financial State		Expenses per H	Returr	1.
		Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total	expenses and losses per audited financial statements			1	5,332,320.
2		nts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donat	ed services and use of facilities		462,748.	-	
b	Prior y	/ear adjustments	2b		-	
С	Other	losses	2c		-	
d		(Describe in Part XIII.)				160 = 10
е		nes 2a through 2d			2e	462,748. 4,869,572.
3	Subtra	act line 2e from line 1			3	4,869,572.
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а		ment expenses not included on Form 990, Part VIII, line 7b			-	
b	Other	(Describe in Part XIII.)	4b			•
С		nes 4a and 4b			4c	0.
5	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,869,572.
		Supplemental Information.				
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, lines			; Part X	K, line 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a	dditional inform	ation.		
PAF	RT X	, LINE 2:				
		01177777777777777777777777777777777777				
THE	OR	GANIZATION FOLLOWS ASC 740, INCOME TA	XES, TO	ACCOUNT FO	R CI	ERTAIN TAX
POS	STTT	ONS. MANAGEMENT HAS CONCLUDED THAT TH	E ORGANI	ZATION HAS	'I'A	KEN NO
		ATM MAN DOGETHONG MUAM MOULD DECUTED	3 D TII GENE	NT		
UNC	ERT	AIN TAX POSITIONS THAT WOULD REQUIRE	ADJUSTME	NT TO THE	F. T.N.	ANCIAL
am 2			OIII DANGE	1		
STF	7.T.FIW	ENT TO COMPLY WITH PROVISIONS OF THE	GUIDANCE	•		

SCHEDULE I (Form 990)

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 for the latest information.

2021
Open to Public

Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

THE FAMILY GIVING TREE Employer identification number 77-0284682

							7, 02020	
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	y for the grants or assi	stance, and the selection	on	
criteria used to award the grants or assis								No
2 Describe in Part IV the organization's pro	cedures for monit	oring the use of grant	funds in the United	States.				
Part II Grants and Other Assistance to					ganization answered "	Yes" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$	5,000. Part II can	be duplicated if additi	ional space is neede	ed.				
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.						CLOTHING &		
SAN FRANCISCO, CA 94116	82-1148375	501(C)(3)	0.	180,505.	ESTIMATE	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 &	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 &	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 &	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 &	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) as	nd government or	ganizations listed in th	e line 1 table				>	81.
3 Enter total number of other organizations	s listed in the line	1 table						

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

Schedule I (Form 990) 2021

Schedule I (Form 990) THE FAMIL	Y GIVING '	TREE				7	77-0284682 Page 1
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art 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						CLOTHING &	
SAN FRANCISCO, CA 94102	90-0332259	501(C)(3)	0.	49,697.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
MILDIMAG BIDEBIGUMBDG MOV DDOGDAM							
MILPITAS FIREFIGHTERS TOY PROGRAM 777 SOUTH MAIN STREET						CLOTHING &	
MILPITAS, CA 95035	26-0267135	501(C)(3)	0.	26.975.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
,							
COPS THAT CARE (MOUNTAIN VIEW							
POLICE) - 1000 VILLA ST - MOUNTAIN						CLOTHING &	
VIEW, CA 94041	94-6000379	501(C)(3)	0.	26,576.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CLIDE MEMODIAL CHURCH							
GLIDE MEMORIAL CHURCH 330 ELLIS ST						CLOTHING &	
SAN FRANCISCO, CA 94102	94-1156481	501(C)(3)	0.	26,576.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
•				,			
CROSSROAD CALVARY CHURCH							
990 S. CAPITOL AVE.						CLOTHING &	
SAN JOSE, CA 95127	77-0536018	501(C)(3)	0.	18,710.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
VOLUME THE TRANS POWER AND DRATEE							
YOUTH UTILIZING POWER AND PRAISE (YUPP) - 3286 FRONDA DR - SAN						CLOTHING &	
JOSE, CA 95148	80-0436789	501(C)(3)	0.	15 946.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
,							
THE HOUSE IGLESIA HISPANA							
200 EL PASO AVE						CLOTHING &	
MODESTO, CA 95351	75-3176516	501(C)(3)	0.	13,288.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
MUE HOUGE MODECHO							
THE HOUSE MODESTO 1601 COFFEE RD.						CLOTHING &	
MODESTO, CA 95355	94-1294940	501(C)(3)	0.	13 288.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
		(0)	1	25,255.			
CREATE A WAY FOUNDATION							
1294 63RD ST.						CLOTHING &	
EMERYVILLE, CA 94608	46-0599554	501(C)(3)	0.	12,624.	ESTIMATE	TOYS	MEET AN UNSERVED NEED

Page 1

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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						CLOTHING &	
ELK GROVE, CA 95624	47-3539042	501(C)(3)	0.	12,225.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
TEEN SUCCESS INC.							
576 VALLEY WAY						CLOTHING &	
MILPITAS, CA 95035	45-0702884	501(C)(3)	0.	11,135.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
LOGIC MINISTRIES							
533 JACKSON STREET						CLOTHING &	
FAIRFIELD, CA 94533	81-4414977	501(C)(3)	0.	10,391.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CARITAS FELICES							
134 SOUTH 20TH STREET						CLOTHING &	
SAN JOSE, CA 95116	95-4324104	501(C)(3)	0.	7,973.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
CIMY OF GAN DADIO VOUMU GEDVICEG							
CITY OF SAN PABLO - YOUTH SERVICES 13831 SAN PABLO AVE., BLDG 6						CLOTHING &	
SAN PABLO, CA 94806	94-6000423	501(C)(3)	0.	7,973.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
EAST PALO ALTO POLICE DEPARTMENT							
141 DEMETER ST.	04 0011006	501 (a) (3)				CLOTHING &	
EAST PALO ALTO, CA 94303	94-2911826	501(C)(3)	0.	7,973.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
JOURNEY TO ACHIEVE FOUNDATION							
1800 98TH AVE						CLOTHING &	
OAKLAND, CA 94603	04-3367888	501(C)(3)	0.	7,973.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
YWCA SILICON VALLEY							
375 S 3RD ST						CLOTHING &	
SAN JOSE, CA 95112	94-1186196	501(C)(3)	0.	6,644.	ESTIMATE	TOYS	MEET AN UNSERVED NEED
ARRIBA JUNTOS							
1850 MISSION STREET						CLOTHING &	
SAN FRANCISCO, CA 94103	94-1663434	501(C)(3)	0.	5,847.	ESTIMATE	TOYS	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL							77-0284682 Page
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art 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 &	MEET AN UNSERVED NEED
CATHOLIC CHARITIES - WASHINGTON UNITED YOUTH CENTER - 921 SOUTH FIRST STREET, SUITE #B - SAN JOSE,				,		CLOTHING &	
CA 95110	94-2762269	501(C)(3)	0.	5,315.	ESTIMATE	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 &	MEET AN UNSERVED NEED
CROSSSTREETS NEIGHBORHOOD SERVICES 20600 JOHN DR. CASTRO VALLEY, CA 94546	46-4625474	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING &	MEET AN UNSERVED NEED
HOPE SERVICES 30 LAS COLINAS LANE SAN JOSE, CA 95119	94-1399287	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING &	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 &	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 &	MEET AN UNSERVED NEED
NEW MISSION OUTREACH 3098 FLORENCE AVENUE SAN JOSE, CA 95127	77-0184095		0.	,	ESTIMATE	CLOTHING &	MEET AN UNSERVED NEED
OLIVE CREST ACADEMY 17800 WOODRUFF AVE. BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	5,315.	ESTIMATE	CLOTHING &	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL	Y GIVING '	TREE				7	77-0284682 Page 1
Part II Continuation of Grants and Other	Assistance to Doi	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art 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 &	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

	LY GIVING						77-0284682 Page
Part II Continuation of Grants and Other	er Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art 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						BACKPACKS &	
1290 BAL HARBOR DRIVE						SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	11,535.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
CAMBRIDGE ELEMENTARY						BACKPACKS &	
1135 LACEY LN						SCHOOL	
CONCORD, CA 94520	68-0197529	501(C)(3)	0.	10,876.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
LYNDALE ELEMENTARY						BACKPACKS &	
13901 NORDYKE DR.						SCHOOL	
SAN JOSE, CA 95127	94-2581686	501/C\/3\	0.	0 997	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SAN JUSE, CA 95127	94-2561666	501(C)(3)	0.	9,007.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
MATHSON MIDDLE SCHOOL						BACKPACKS &	
2050 KAMMERER AVE.						SCHOOL	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	9,887.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
MOBILIZE LOVE						BACKPACKS &	
3321 VICENTE ST.					L	SCHOOL	
SAN FRANCISCO, CA 94116	82-1148375	501(C)(3)	0.	9,887.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
RUSSO MCENTEE ACADEMY						BACKPACKS &	
2851 GAY AVE						SCHOOL	
SAN JOSE, CA 95127	77-0016360	501(C)(3)	0.	9,887.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SAN ANTONIO ELEMENTARY SCHOOL						BACKPACKS &	
1721 E. SAN ANTONIO ST.						school	
SAN JOSE, CA 95116	77-0016360	501(C)(3)	0.	9,887.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SAN FRANCISCO CITY ACADEMY						BACKPACKS &	
230 JONES ST.						SCHOOL	
SAN FRANCISCO, CA 94102	94-3163872	501(C)(3)	0.	9,887.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
W.C. OVERFELT HIGH SCHOOL						BACKPACKS &	
1068 BIRD AVE						SCHOOL	
SAN JOSE, CA 95125	94-2864814	501(C)(3)	0.	9,887.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL	Y GIVING	TREE				7	77-0284682 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art 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						BACKPACKS &	
3031 EAST 18TH ST.						SCHOOL	
OAKLAND, CA 94601	43-2014630	501(C)(3)	0.	9,656.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
PAINTER ELEMENTARY SCHOOL						BACKPACKS &	
500 ROUGH AND READY RD.						SCHOOL	
SAN JOSE, CA 95133	77-0016360	501(C)(3)	0.	8,569.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ACHIEVE ACADEMY						BACKPACKS &	
1700 28TH AVE.			_			SCHOOL	
OAKLAND, CA 94601	20-2204424	501(C)(3)	0.	8,239.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
HUBBARD MEDIA ARTS ACADEMY						BACKPACKS &	
1680 FOLEY AVE						SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	8 239.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
0022, 011 70222	,, ссдосо	551(5)(5)	•	0,200.			
DONALD J MEYER ELEMENTARY SCHOOL						BACKPACKS &	
1824 DAYTONA DR.						SCHOOL	
SAN JOSE, CA 95122	77-0016360	501(C)(3)	0.	7,580.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
EAST PALO ALTO POLICE DEPARTMENT						BACKPACKS &	
141 DEMETER ST.	94-2911826	E01/G\/3\	0.	6 021	ESTIMATE	SCHOOL SUPPLIES	MEET AN UNSERVED NEED
EAST PALO ALTO, CA 94303	94-2911828	501(C)(3)	0.	0,921.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
DOWNTOWN COLLEGE PREP MIDDLE -						BACKPACKS &	
ALUM ROCK - 2888 OCALA AVE SAN						SCHOOL	
JOSE, CA 95148	77-0517240	501(C)(3)	0.	6,789.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
				ŕ			
ALPHA JOSE HERNANDEZ						BACKPACKS &	
1601 CUNNINGHAM AVE						school	
SAN JOSE, CA 95122	77-0272168	501(C)(3)	0.	6,591.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
NADDAM NATA MAGNAGA						DAGWDAGWG 6	
ANDREW HILL HIGH SCHOOL						BACKPACKS &	
3200 SENTER RD.	94-2864914	501/C)/3)	0.	6 F01	D C T T T T T T T T T T T T T T T T T T	SCHOOL	MEEN YN IINGEDIAED MEED
SAN JOSE, CA 95111	94-2864814	hot(c)(3)	<u> </u>	0,391.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

Schedule I (Form 990) THE FAMIL	Y GIVING '	TREE				7	77-0284682 Page
Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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) THE FAMI	LY GIVING '	TREE				7	77-0284682 Page 1
Part II Continuation of Grants and Othe	r Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt 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						BACKPACKS &	
17800 WOODRUFF AVE.						SCHOOL	
BELLFLOWER, CA 90706	95-2877102	501(C)(3)	0.	6,591.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
RUUS ELEMENTARY						BACKPACKS &	
28027 DISCKENS AVE.						SCHOOL	
HAYWARD, CA 94540	94-1693499	501(C)(3)	0.	6,591.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
						2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2	
SYLVIA CASSELL ELEMENTARY 1300 TALLAHASSEE DR.						BACKPACKS & SCHOOL	
SAN JOSE, CA 95122	77-0016360	501/C\/3\	0.	6 501	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
SAN JUSE, CA 75122	77-0010300	501(C)(3)	0.	0,391.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
WASHINGTON ELEMENTARY SCHOOL						BACKPACKS &	
100 OAK ST.						SCHOOL	
SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	6,591.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
						23 2773 277	
LINDA VISTA ELEMENTARY SCHOOL						BACKPACKS &	
100 KIRK AVE SAN JOSE, CA 95127	94-2581686	501(C)(3)	0.	6 163	ESTIMATE	SCHOOL SUPPLIES	MEET AN UNSERVED NEED
DAN GODE, CA 73127	J4 2301000	501(0/(3/	· · ·	0,103.	ESTIMATE	DOLLHIED	MEET AN UNSERVED NEED
BACHRODT CHARTER ACADEMY						BACKPACKS &	
102 SONORA AVE.						SCHOOL	
SAN JOSE, CA 95110	94-6002606	501(C)(3)	0.	5,800.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ACE EMPOWER ACADEMY						DAGKDAGKG C	
625 SOUTH SUNSET AVE						BACKPACKS & SCHOOL	
SAN JOSE, CA 95116	26-1570590	501(C)(3)	0.	5 767	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
JIM GODI, CH JJIIO	20 1370330	301(0)(3)	· · ·	3,707.	BOTTEMILE	DOTTHING	HILL IN CHOLKVED NEED
BRIDGES ACADEMY AT MELROSE						BACKPACKS &	
1325 53RD AVE.						SCHOOL	
OAKLAND, CA 94601	43-2014630	501(C)(3)	0.	5,767.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ENCOMPASS ACADEMY ELEMENTARY						BACKPACKS &	
1025 81ST AVE.						SCHOOL	
OAKLAND, CA 94621	43-2014630	501(C)(3)	0.	5 767	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
ommin, on yaver	1 43 2014030	P = (C / (S /	1 0.	3,707.	-511H111	P0111110	FIELT IM ONDURVED NUMBER

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt 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
ESAR CHAVEZ ELEMENTARY - SAN JOSE						BACKPACKS &	
000 KAMMERER DR.						SCHOOL	
AN JOSE, CA 95116	77-0016360	501(C)(3)	0.	5,668.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED
,				,			
ANOAS ELEMENTARY						BACKPACKS &	
80 WREN DR.						SCHOOL	
AN JOSE, CA 95125	94-6002606	501(C)(3)	0.	5,009.	ESTIMATE	SUPPLIES	MEET AN UNSERVED NEED

(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 req	L uired in Part I, lin	e 2; Part III, column	(b); and any other ac	l dditional information.	
PART I, LINE 2:					
THE ORGANIZATION MONITORS DISTRIBU	TIONS TO	THE AGENCI	ES VIA AN		
IDENTIFICATION AND SIGNOUT SHEET P	ROCESS TH	AT THE AGE	NCY COORDI	NATOR	
FACILITATES. THIS PROCEDURE IS ALIC	GNED AND	MONITORED	PER ANNUAL	AUDIT	
GUIDELINES THAT IS CONFIRMED DURING					
THAT AGENCIES ARE FOLLOWING FAMILY					
ADDITION, PARTICIPATION AGREEMENTS	EXPRESSL	Y STATE "W	HEN YOUR A	GENCY	
ACCEPTS GIFTS FROM THE FAMILY GIVI	NG TREE'S	HOLIDAY W	ISH DRIVE,	YOU BECOME	
A PARTNER IN EXECUTING FAMILY GIVI	NG TREE'S	MISSION T	HROUGH THI	S	

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

THE FAMILY GIVING TREE

Employer identification number 77-0284682

P	art I Questions Regarding Compensation	0400		
1 6	art Questions negarating compensation		Yes	No
12	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,		163	NO
iu	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
	Discretionary spending account i ersonal services (such as maid, chauneur, one)			
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	1b		
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?	2		
	tradicade, and annotae, maidaining the deep exceeding the real and the real annotae arrival and the real annotae arrival arrival annotae arrival annotae arrival arriv	_		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	41		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 501(a)(2), 501(a)(4), and 501(a)(20) organizations must complete lines 5.0			
_	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:			
_		50		Х
a h	The organization?	5a 5b		X
D	Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	30		
6				
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:			
_	The organization?	60		х
a		6a 6b		X
D	Any related organization?	gb		
7	If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
′		7		х
8	not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
0	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	8		х
c	•	-		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		
	Regulations section 53.4958-6(c)?	9		

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.

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

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 for instructions and the latest information.

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

Par	rt I Types of Property						
		(a)	(b)	(c)	(d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of determinencesh contribution	_	•
		арріісаріе		Form 990, Part VIII, line 1g	Tioricasii contribution a	arriourit	5
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 ► (TOYS AND CLOT)	X	458	683,601.			
26	Other (BACKPACKS)	X	101	263,171.	FMV		
27	Other						
28	Other ()						
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29			
					_	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, that it		1
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for		
	exempt purposes for the entire holding period?				30a		X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance pe	olicy that re	quires the review o	of any nonstandard contribu	tions? 31	X	
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	cit, process, or sell noncash			
	contributions?				32a		Х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	cked,		
	describe in Part II.						
I HA	For Paperwork Reduction Act Notice, see t	he Instruct	tions for Form 990).	Schedule M (For	m 990)	2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

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 for the latest information.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

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

Schedule O (Form 990) 2021 Page 2

Name of the organization

THE FAMILY GIVING TREE

THE FAMILY GIVING TREE

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

CONTINUED: PART III, LINE 1:

STUDENTS.

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.

Schedule O (Form 990) 2021 Page 2

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

2021 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	FURNITURES FIXTURES AND EQUIPMENT	VARIOUS	SL	.000		16	238,381.				238,381.	140,872.		0.	140,872.
2	SOFTWARE	VARIOUS	SL	.000		16	105,005.				105,005.	105,005.		0.	105,005.
3	TENANT IMPROVEMENTS	VARIOUS	SL	.000	:	16	44,638.				44,638.	44,638.		0.	44,638.
4	VEHICLES	VARIOUS	SL	.000	:	16	119,657.				119,657.	68,951.		0.	68,951.
	* TOTAL 990 PAGE 10 DEPR						507,681.				507,681.	359,466.		0.	359,466.

^{128111 04-01-21}

⁽D) - Asset disposed

^{*} ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone